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THE FATE OF THE EGO IN ANALYTIC THERAPY

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That part of the psychic apparatus which is turned towards the outside world and whose business it is to receive stimuli and effect discharge-reactions we call the ego. Since analysis belongs to the external world, it is again the ego which is turned towards it. Such knowledge as we possess of the deeper strata of the psychic apparatus reaches us by way of the ego and depends upon the extent to which the ego admits it, in virtue of such derivatives of the Ucs as it still tolerates. If we wish to learn something of these deeper strata or to bring about a change in a neurotic constellation of instincts, it is to the ego and the ego alone that we can turn. Our analysis of resistances, the explanations and interpretations that we give to our patients, our attempts to alter their mental attitudes through our personal action upon them—all these must necessarily start with the ego. Now amongst all the experiences undergone by the ego during an analysis there is one which seems to me so specific and so characteristic of the analytic situation that I feel justified in isolating it and presenting it to you as the ' fate ' of the ego in analytic therapy.

The contents of this paper will surprise you by their familiarity. How could it be otherwise, seeing that it is simply an account of what you do and observe every day in your analyses? If, nevertheless, I plead justification, it is because I believe that, in what follows, adequate recognition is given for the first time to a factor in our therapeutic work which has so far received too little attention in our literature. The nearest approach to my theme is to be found in a paper on

character-analysis by Reich,[1] in which he talks of ' isolating ' a given character-trait, ' objectifying ' it and ' imparting psychic distance ' to it, referring thereby no doubt to that therapeutic process which I shall now present in a much more general form.

For the purposes of our incomplete description it will suffice if we regard the ego in analysis as having three functions. First, it is the executive organ of the id, which is the source of the object-cathexis of the analyst in the transference ; secondly, it is the organization which aims at fulfilling the demands of the super-ego and, thirdly, it is the site of experience, i.e. the institution which either allows or prevents the discharge of the energy poured forth by the id in accordance with the subject's previous experiences.

In analysis the personality of the analysand passes first of all under the domination of the *transference.* The function of the transference is twofold. On the one hand, it serves to satisfy the object-hunger of the id. But, on the other, it meets with opposition from the repressive psychic institutions—the super-ego, which rejects it on moral grounds, and the ego, which, because of unhappy experiences, utters a warning against it. Thus, in the transference-resistance the very fact of the transference is utilized as a weapon against the whole analysis.

We see, then, that in the transference a dualistic principle comes into play in the ego : instinct and repression alike make themselves felt. We learn from the study of the transference-resistance that the forces of repression enter into the transference no less than the instinctual forces. Anti-cathexes are mobilized as a defence against the libidinal impulses which proceed from the Ucs and are revived in the transference. For example, anxiety is activated as a danger-signal against the repetition of some unhappy experience that once ensued from an instinctual impulse, and is used as a defence against analysis. Here the repressive forces throw their weight on the side of the transference because the revival of the repressed tendency makes it the more imperative for the subject to defend himself against it and so put an end to the dreaded laying bare of the Ucs.

In order to bring out the twofold function of the transference let me sketch a fairly typical transference-situation such as arose at the beginning of one of my analyses.

A woman patient transferred to the analyst an important object-

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[1] *Internationale Zeitschrift für Psychoanalyse,* Bd. XIV, 1928.

cathexis from the period of early childhood. It represented her love for a physician to whom she was frequently taken during her fifth year on account of enlarged tonsils. On each occasion he looked into her mouth, without touching the tonsils, afterwards giving her some sweets and always being kind and friendly. Her parents had instituted these visits in order to lull her into security for the operation to come. One day, when she trustfully let the doctor look into her mouth again, he inserted a gag and, without giving any narcotic or local anæsthetic, removed the unsuspecting child's tonsils. For her this was a bitter disillusionment and never again could she be persuaded to go to see him.

The twofold function of the transference from this physician to the analyst is obvious: in the first place it revived the object-relation to the former (a father-substitute), but, in the second place, her unhappy experience with him gave the repressive forces their opportunity to reject the analyst and, with him, the analysis. 'You had much better stay away, in case he hurts you', they warned her, 'and keep your mouth shut!' The result was that the patient was obstinately silent in the analysis and manifested a constant tendency to break it off.

This typical example shews how the ego manages in the transference to rid itself of two different influences, though in the shape of a conflict. For the establishment of the transference is based on a conflict between instinct and repression. Where the transference-situation is intense, there is always the danger that one or other of the conflicting forces may prevail: either the analytic enterprise may be broken up by the blunt transference demands of the patient, or else the repressive institutions in the mind of the latter may totally repudiate both analyst and analysis. Thus we may describe the transference and the resistance which goes with it as the conflict-laden final result of the struggle between two groups of forces, each of which aims at dominating the workings of the ego, while both alike obstruct the purposes of the analysis.

In opposition to this dual influence, the object of which is to inhibit the analysis, we have the corrective influence of the analyst, who in his turn, however, must address himself to the *ego*. He approaches it in its capacity of the organ of perception and of the testing by reality. By *interpreting* the transference-situation he endeavours to oppose those elements in the ego which are focussed on reality to those which have a cathexis of instinctual or defensive energy. What

he thus accomplishes may be described as a *dissociation* within the ego.[2]

We know that dissociations within the ego are by no means uncommon. They are a means of avoiding the clash of intolerable contradictions in its organization. ' Double consciousness ' may be regarded as a large-scale example of such dissociation : here the left hand is successfully prevented from knowing what is done by the right. Many parapraxes are of the nature of ' double consciousness ', and abortive forms of this phenomenon are to be found in other departments of life as well.

This capacity of the ego for dissociation gives the analyst the chance, by means of his interpretations, to effect an alliance with the ego against the powerful forces of instinct and repression and, with the help of one part of it, to try to vanquish the opposing forces. Hence, when we begin an analysis which can be carried to completion, the fate that inevitably awaits the ego is that of *dissociation*. A permanently unified ego, such as we meet with in cases of excessive narcissisms or in certain psychotic states where ego and id have become fused, is not susceptible of analysis. The therapeutic dissociation of the ego is a necessity if the analyst is to have the chance of winning over part of it to his side, conquering it, strengthening it by means of identification with himself and opposing it in the transference to those parts which have a cathexis of instinctual and defensive energy.

The technique by which the analyst effects this therapeutic dissociation of the ego consists of the explanations which he gives to the patient of the first signs of transference and transference-resistance that can be interpreted. You will remember that in his recommendations on the subject of technique Freud says that, when the analyst

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[2] It may be doubted whether ' dissociation ' is an appropriate term for non-pathological processes in the ego. This point is answered by the following passage in Freud's *New Introductory Lectures on Psycho-Analysis*, a work which has appeared since this paper was read : ' We wish to make the ego the object of our study, our own ego. But how can that be done ? The ego is the subject *par excellence :* how can it become the object ? There is no doubt, however, that it can. The ego can take itself as object ; it can treat itself like any other object, observe itself, criticize itself, do Heaven knows what besides with itself. In such a case, one part of the ego stands over against the other. The ego can, then, be split ; it becomes dissociated during many of its functions, at any rate in passing. The parts can later on join up again ' (p. 80).

can detect the effects of a transference-resistance it is a sign that the time is ripe for interpretation. Through the explanations of the transference-situation that he receives the patient realizes for the first time the peculiar character of the therapeutic method used in analysis. Its distinctive characteristic is this: that the subject's consciousness shifts from the centre of affective experience to that of intellectual contemplation. The transference-situation is *interpreted*, i.e. an explanation is given which is uncoloured by affect and which shews that the situation has its roots in the subject's childhood. Through this interpretation there emerges in the mind of the patient, out of the chaos of behaviour impelled by instinct and behaviour designed to inhibit instinct, a *new point of view of intellectual contemplation*. In order that this new standpoint may be effectually reached there must be a certain amount of positive transference, on the basis of which a transitory strengthening of the ego takes place through identification with the analyst. This identification is induced by the analyst. From the outset the patient is called upon to ' co-operate ' with the analyst against something in himself. Each separate session gives the analyst various opportunities of employing the term ' we ', in referring to himself and to the part of the patient's ego which is consonant with reality. The use of the word ' we ' always means that the analyst is trying to draw that part of the ego over to his side and to place it in opposition to the other part which in the transference is cathected or influenced from the side of the unconscious. We might say that this ' we ' is the instrument by means of which the therapeutic dissociation of the ego is effected.

The function of interpretation, then, is this: Over against the patient's instinct-conditioned or defensive behaviour, emotions and thoughts it sets up in him a principle of intellectual cognition, a principle which is steadily supported by the analyst and fortified by the additional insight gained as the analysis proceeds. In subjecting the patient's ego to the fate of therapeutic dissociation we are doing what Freud recommends in a passage in *Beyond the Pleasure Principle* (p. 18): ' The physician . . . has to see to it that some measure of ascendancy remains [in the patient], in the light of which the apparent reality [of what is repeated in the transference] is always recognized as a reflection of a forgotten past.'

The question now suggests itself: What is the prototype of this therapeutic ego-dissociation in the patient? The answer is that it is the process of *super-ego-formation*. By means of an identification—of

analysand with analyst—judgements and valuations from the outside world are admitted into the ego and become operative within it. The difference between this process and that of super-ego-formation is that, since the therapeutic dissociation takes place in an ego which is already mature, it cannot well be described as a ' stage ' in ego-development : rather it represents more or less the opposition of one element to others on the same level. The result of super-ego-formation is the powerful establishment of moral demands ; in therapeutic ego-dissociation the demand which has been accepted is a demand for a revised attitude appropriate to the situation of an adult personality. Thus, whilst the super-ego demands that the subject shall adopt a particular attitude towards a particular tendency in the id, the demand made upon him when therapeutic dissociation takes place is a demand for a balancing contemplation, kept steadily free of affect, whatever changes may take place in the contents of the instinct-cathexes and the defensive reactions.

We have seen, then, that in analysis the ego undergoes a specific fate which we have described as therapeutic dissociation. When analysis begins, the ego is subject to a process of ' dissimilation ' or dissociation, which must be induced by the analyst by means of his interpretation of the transference-situation and of the resistance to which this gives rise.

As the analysis proceeds, the state of ' dissimilation ' in the ego is set up again whenever the unconscious material, whether in the shape of instinctual gratification or of defensive impulses, fastens on the analyst in the transference. All the instinctual and defensive reactions aroused in the ego in the transference impel the analyst to induce the therapeutic process of ego-dissociation by means of the interpretations he gives. There is constituted, as it were, a standing relation between that part of the ego which is cathected with instinctual or defensive energy and that part which is focussed on reality and identified with the analyst, and this relation is the filter through which all the transference-material in the analysis must pass. Each separate interpretation reduces the instinctual and defensive cathexis of the ego in favour of intellectual contemplation, reflection and correction by the standard of reality.

However, once the analyst's interpretations have set up this opposition of forces—the ego which is in harmony with reality versus the ego which acts out its unconscious impulses—the state of ' dissimilation ' does not last and a process of ' *assimilation* ' automatically

begins. We owe to Hermann Nunberg our closer knowledge of this process, which he calls ' the synthetic function of the ego '. As we know, this function consists in the striving of the ego, prompted by Eros, to bind, to unify, to assimilate and to blend—in short, to leave no conflicting elements within its domain. It is this synthetic function which, next to therapeutic dissociation of the ego, makes analytic therapy possible. The former process enables the subject to recognize intellectually and to render conscious the claims and the content of his unconsciousness and the affects associated with these, whilst when that has been achieved, the synthetic function of the ego enables him to incorporate them and to secure their discharge.

Since there are in the transference and the transference-resistance two groups of forces within the ego, it follows that the ego-dissociation induced by the analyst must take place in relation to each group, the ego being placed in opposition to both. At the same time the interpretations of defensive reactions and instinctual trends become interwoven with one another, for analysis cannot overcome the defence unless the patient comes to recognize his instinctual impulses, nor put him in control of the latter unless the defence has been overthrown. The typical process is as follows: First of all, the analyst gives an interpretation of the defence, making allusion to the instinctual tendencies which he has already divined and against which the defence has been set up. With the patient's recognition that his attitude in the transference is of the nature of a defence, there comes a weakening in that defence. The result is a more powerful onslaught of the instinctual strivings upon the ego. The analyst then has to interpret the infantile meaning and aim of these impulses. Ego-dissociation and synthesis ensue, with the outcome that the impulses are corrected by reference to reality and subsequently find discharge by means of such modifications as are possible. In order that all these interpretations may have a more profound effect, it is necessary constantly to repeat them ; the reason for this I have explained elsewhere (' Zur Dynamik der Bewältigung des Übertragungswiderstandes,' *Internationale Zeitschrift für Psychoanalyse.* Bd. XV, 1929).

Now let us return to the case I cited before and see how it illustrates what I have just said. The patient's resistance, which began after a few analytic sessions, took the form of obstinate silence and a completely negative attitude towards the analyst. Such meagre associations as she vouchsafed to give she jerked out with averted head and in obvious ill-humour. At the close of the second session an incident

occurred which shewed that this silence and repellent attitude were a mode of defence against a positive transference. At the end of the hour she asked me if I had not a cloakroom where she could change her clothes as they were all crumpled after she had lain on the sofa for an hour. The next day she said to me in this connection that, after her analysis, she was going to meet a woman friend, who would certainly wonder where the patient had got her dress so crushed and whether she had been having sexual intercourse. It was clear that, as early as the second session, her ego had come under the influence of the transference and of the defence against it. Of course, she herself was completely unconscious of the connection between her fear of being found out by her friend and the attitude of repudiation which she assumed in analysis.

The next thing to do was to explain to the patient the *meaning* of her defence. As a first step, the defensive nature of her attitude was made plain to her, for of this, too, she was unconscious. With this interpretation we had begun the process which I have called therapeutic ego-dissociation. When the interpretation had been several times repeated the patient gained a first measure of ' psychic distance ' in relation to her own behaviour. At the start her gain was only intermittent and she was compelled almost at once to go on acting her instinctual impulses out. As, however, the positive transference was sufficiently strong, it gradually became possible to enlarge these islands of intellectual contemplation or observation at the expense of the process of acting the unconscious impulses out. The result of this dissociation in the ego was that the patient gained an insight into the defensive nature of her attitude in analysis, that is to say, she now began to work over preconsciously the material which had hitherto been enacted unconsciously in her behaviour. This insight denoted a decrease in the cathexis of those parts of the ego which were carrying on the defence.

Some time afterwards there emerged the memory of her visits to the kind throat-specialist and of the bitter disillusionment in which they had ended. This recollection was in itself a result of the synthetic function of the ego, for the ego will not tolerate within itself a discrepancy between defence and insight. The effect of the infantile experience had, it is true, been felt by the ego, but this effect had been determined from the unconscious; it now became incorporated in the preconscious in respect of its causal origin also. It is hardly necessary for me to point out that the discovery of this infantile experience of

the patient with the physician was merely a preliminary to the real task of the analyst, which was to bring into consciousness her experiences with her father and especially her masochistic phantasies relating to him.

In overcoming the transference-defence by the method of therapeutic ego-dissociation we were not merely attacking that part of the ego which was using the patient's unhappy experience with the physician in her childhood to obstruct the analysis ; we were, besides, counteracting part of the super-ego's opposition. For the defensive attitude was in part also a reaction to the fear that her friend might find out that the patient had been having sexual intercourse. Now she had developed an obvious mother-transference to this particular friend, and the mother was the person who had imposed sexual prohibitions in the patient's childhood. By means of the therapeutic ego-dissociation a standpoint of intellectual contemplation, a ' measure of ascendancy ', had formed itself in her mind, in opposition to her defensive behaviour : in that dissociation the ' reality ' elements in the ego were separated not only from those elements which bore the stamp of that unhappy experience and signalled their warning, but also from those other elements which acted as the executive of the super-ego.

In the case we are considering, the next result of the analysis was that the positive transference began to reveal itself, taking more openly possession of the ego and manifesting itself in the claims which the patient made on the analyst's love. Once more, dissociation had to be induced in the ego, so as to separate out of the processes of dramatic enactment an island of intellectual contemplation, from which the patient could perceive that her behaviour was determined by her infantile experiences in relation to her father. This, naturally, only proved possible after prolonged therapeutic work.

I hope that this short account may have sufficed to make clear what I believe to be one of the most important processes in analytic therapy, namely, the effecting of a dissociation within the ego by interpretation of the patient's instinctually conditioned conduct and his defensive reaction to it. Perhaps I may say in conclusion that the therapeutic dissociation of the ego in analysis is merely an extension, into new fields, of that self-contemplation which from all time has been regarded as the most essential trait of man in distinction to other living beings. For example, Herder expressed the view that *speech* originated in this objectifying process which works by the dissociation of the mind in self-contemplation. This is what he says about it : ' Man shews

reflection when the power of his mind works so freely that, out of the whole ocean of sensations which comes flooding in through the channel of every sense, he can separate out, if I may so put it, a single wave and hold it, directing his attention upon it and being conscious of this attention. . . . He shews reflection when he not only has a vivid and distinct perception of every sort of attribute, but can acknowledge in himself one or more of them as distinguishing attributes: the first such act of acknowledgment yields a clear conception; it is the mind's first judgement. And how did this acknowledgment take place? Through a characteristic which he had had to separate out and which, as a characteristic due to conscious reflection, presented itself clearly to his mind. Good! Let us greet him with a cry of "eureka"! This first characteristic due to conscious reflection was a word of the mind! With it human speech was invented!' (*Über den Ursprung der Sprache.*)

In the therapeutic dissociation which is the fate of the ego in analysis, the analysand is called on 'to answer for himself'[3] and the unconscious, ceasing to be expressed in behaviour, becomes articulate in *words*. We may say, then, that in this ego-dissociation we have an extension of reflection beyond what has hitherto been accessible. Thus, from the standpoint also of the human faculty of speech, we may justly claim that analytic therapy makes its contribution to the humanizing of man.

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[3] [German: '*zur Rede gestellt*'; literally, 'is put to speech'.]

THE NATURE OF THE THERAPEUTIC ACTION OF PSYCHO-ANALYSIS [1]

BY

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Introductory

It was as a therapeutic procedure that psycho-analysis originated. It is in the main as a therapeutic agency that it exists to-day. We may well be surprised, therefore, at the relatively small proportion of psycho-analytical literature which has been concerned with the mechanisms by which its therapeutic effects are achieved. A very considerable quantity of data have been accumulated in the course of the last thirty or forty years which throw light upon the nature and workings of the human mind; perceptible progress has been made in the task of classifying and subsuming such data into a body of generalized hypotheses or scientific laws. But there has been a remarkable hesitation in applying these findings in any great detail to the therapeutic process itself. I cannot help feeling that this hesitation has been responsible for the fact that so many discussions upon the practical details of analytic technique seem to leave us at cross-purposes and at an inconclusive end. How, for instance, can we expect to agree upon the vexed question of whether and when we should give a ' deep interpretation ', while we have no clear idea of what we *mean* by a ' deep interpretation ', while, indeed, we have no exactly formulated view of the concept of ' interpretation ' itself, no precise knowledge of what ' interpretion ' is and what effect it has upon our patients? We should gain much, I think, from a clearer grasp of problems such as this. If we could arrive at a more detailed understanding of the workings of the therapeutic process we should be less prone to those occasional feelings of utter disorientation which few analysts are fortunate enough to escape; and the analytic movement itself might be less at the mercy of proposals for abrupt alterations in the ordinary technical procedure—proposals which derive much of their strength from the prevailing uncertainty as to the exact nature of the analytic

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[1] Portions of this paper were read at a meeting of the British Psycho-Analytical Society on June 13, 1933.

therapy. My present paper is a tentative attack upon this problem; and even though it should turn out that its very doubtful conclusions cannot be maintained, I shall be satisfied if I have drawn attention to the urgency of the problem itself. I am most anxious, however, to make it clear that what follows is not a practical discussion upon psycho-analytic technique. Its immediate bearings are merely theoretical. I have taken as my raw material the various sorts of procedures which (in spite of very considerable individual deviations) would be generally regarded as within the limits of 'orthodox' psycho-analysis and the various sorts of effects which observation shows that the application of such procedures tends to bring about; I have set up a hypothesis which endeavours to explain more or less coherently why these particular procedures bring about these particular effects; and I have tried to show that, if my hypothesis about the nature of the therapeutic action of psycho-analysis is valid, certain implications follow from it which might perhaps serve as criteria in forming a judgment of the probable effectiveness of any particular type of procedure.

Retrospect

It will be objected, no doubt, that I have exaggerated the novelty of my topic.[2] 'After all', it will be said, 'we *do* understand and have long understood the main principles that govern the therapeutic action of analysis'. And to this, of course, I entirely agree; indeed I propose to begin what I have to say by summarizing as shortly as possible the accepted views upon the subject. For this purpose I must go back to the period between the years 1912 and 1917 during which Freud gave us the greater part of what he has written directly on the therapeutic side of psycho-analysis, namely the series of papers on technique [3] and the twenty-seventh and twenty-eighth chapters of the *Introductory Lectures*.

'Resistance Analysis'

This period was characterized by the systematic application of the method known as 'resistance analysis'. The method in question was by no means a new one even at that time, and it was based upon ideas which had long been implicit in analytical theory, and in par-

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[2] I have not attempted to compile a full bibliography of the subject, though a number of the more important contributions to it are referred to in the following pages.

[3] *Collected Papers*, Vol. II.

ticular upon one of the earliest of Freud's views of the function of neurotic symptoms. According to that view (which was derived essentially from the study of hysteria) the function of the neurotic symptom was to defend the patient's personality against an unconscious trend of thought that was unacceptable to it, while at the same time gratifying the trend up to a certain point. It seemed to follow, therefore, that if the analyst were to investigate and discover the unconscious trend and make the patient aware of it—if he were to make what was unconscious conscious—the whole *raison d'être* of the symptom would cease and it must automatically disappear. Two difficulties arose, however. In the first place some part of the patient's mind was found to raise obstacles to the process, to offer resistance to the analyst when he tried to discover the unconscious trend; and it was easy to conclude that this was the same part of the patient's mind as had originally repudiated the unconscious trend and had thus necessitated the creation of the symptom. But, in the second place, even when this obstacle seemed to be surmounted, even when the analyst had succeeded in guessing or deducing the nature of the unconscious trend, had drawn the patient's attention to it and had apparently made him fully aware of it—even then it would often happen that the symptom persisted unshaken. The realization of these difficulties led to important results both theoretically and practically. *Theoretically*, it became evident that there were two senses in which a patient could become conscious of an unconscious trend; he could be made aware of it by the analyst in some intellectual sense without becoming 'really' conscious of it. To make this state of things more intelligible, Freud devised a kind of pictorial allegory. He imagined the mind as a kind of map. The original objectionable trend was pictured as being located in one region of this map and the newly discovered information about it, communicated to the patient by the analyst, in another. It was only if these two impressions could be 'brought together' (whatever exactly that might mean) that the unconscious trend would be 'really' made conscious. What prevented this from happening was a force within the patient, a barrier—once again, evidently, the same 'resistance' which had opposed the analyst's attempts at investigating the unconscious trend and which had contributed to the original production of the symptom. The removal of this resistance was the essential preliminary to the patient's becoming 'really' conscious of the unconscious trend. And it was at this point that the *practical* lesson emerged: as analysts our main

task is not so much to investigate the objectionable unconscious trend as to get rid of the patient's resistance to it.

But how are we to set about this task of demolishing the resistance? Once again by the same process of investigation and explanation which we have already applied to the unconscious trend. But this time we are not faced by such difficulties as before, for the forces that are keeping up the repression, although they are to some extent unconscious, do not belong to the unconscious in the systematic sense; they are a part of the patient's ego, which is co-operating with us, and are thus more accessible. Nevertheless the existing state of equilibrium will not be upset, the ego will not be induced to do the work of re-adjustment that is required of it, unless we are able by our analytic procedure to mobilize some fresh force upon our side.

What forces can we count upon? The patient's will to recovery, in the first place, which led him to embark upon the analysis. And, again, a number of intellectual considerations which we can bring to his notice. We can make him understand the structure of his symptom and the motives for his repudiation of the objectionable trend. We can point out the fact that these motives are out-of-date and no longer valid; that they may have been reasonable when he was a baby, but are no longer so now that he is grown up. And finally we can insist that his original solution of the difficulty has only led to illness, while the new one that we propose holds out a prospect of health. Such motives as these may play a part in inducing the patient to abandon his resistances; nevertheless it is from an entirely different quarter that the decisive factor emerges. This factor, I need hardly say, is the transference. And I must now recall, very briefly, the main ideas held by Freud on that subject during the period with which I am dealing.

Transference

I should like to remark first that, although from very early times Freud had called attention to the fact that transference manifested itself in two ways—negatively as well as positively, a good deal less was said or known about the negative transference than about the positive. This of course corresponds to the circumstance that interest in the destructive and aggressive impulses in general is only a comparatively recent development. Transference was regarded predominantly as a *libidinal* phenomenon. It was suggested that in everyone there existed a certain number of unsatisfied libidinal im-

pulses, and that whenever some new person came upon the scene these impulses were ready to attach themselves to him. This was the account of transference as a universal phenomenon. In neurotics, owing to the abnormally large quantities of unattached libido present in them, the tendency to transference would be correspondingly greater; and the peculiar circumstances of the analytic situation would further increase it. It was evidently the existence of these feelings of love, thrown by the patient upon the analyst, that provided the necessary extra force to induce his ego to give up its resistances, undo the repressions and adopt a fresh solution of its ancient problems. This instrument, without which no therapeutic result could be obtained, was at once seen to be no stranger; it was in fact the familiar power of suggestion, which had ostensibly been abandoned long before. Now however it was being employed in a very different way, in fact in a contrary direction. In pre-analytic days it had aimed at bringing about an increase in the degree of repression; now it was used to overcome the resistance of the ego, that is to say, to allow the repression to be removed.

But the situation became more and more complicated as more facts about transference came to light. In the first place, the feelings transferred turned out to be of various sorts; besides the loving ones there were the hostile ones, which were naturally far from assisting the analyst's efforts. But, even apart from the hostile transference, the libidinal feelings themselves fell into two groups: friendly and affectionate feelings which were capable of being conscious, and purely erotic ones which had usually to remain unconscious. And these latter feelings, when they became too powerful, stirred up the repressive forces of the ego and thus increased its resistances instead of diminishing them, and in fact produced a state of things that was not easily distinguishable from a negative transference. And beyond all this there arose the whole question of the lack of permanence of all suggestive treatments. Did not the existence of the transference threaten to leave the analytic patient in the same unending dependence upon the analyst?

All of these difficulties were got over by the discovery that the transference itself could be analysed. Its analysis, indeed, was soon found to be the most important part of the whole treatment It was possible to make conscious its roots in the repressed unconscious just as it was possible to make conscious any other repressed material—that is, by inducing the ego to abandon its resistances—and there was nothing self-contradictory in the fact that the force used for resolving

the transference was the transference itself. And once it had been made conscious, its unmanageable, infantile, permanent characteristics disappeared; what was left was like any other 'real' human relationship. But the necessity for constantly analysing the transference became still more apparent from another discovery. It was found that as work proceeded the transference tended, as it were, to eat up the entire analysis. More and more of the patient's libido became concentrated upon his relation to the analyst, the patient's original symptoms were drained of their cathexis, and there appeared instead an artificial neurosis to which Freud gave the name of the 'transference neurosis'. The original conflicts, which had led to the onset of neurosis, began to be re-enacted in the relation to the analyst. Now this unexpected event is far from being the misfortune that at first sight it might seem to be. In fact it gives us our great opportunity. Instead of having to deal as best we may with conflicts of the remote past, which are concerned with dead circumstances and mummified personalities, and whose outcome is already determined, we find ourselves involved in an actual and immediate situation, in which we and the patient are the principal characters and the development of which is to some extent at least under our control. But if we bring it about that in this revivified transference conflict the patient chooses a new solution instead of the old one, a solution in which the primitive and unadaptable method of repression is replaced by behaviour more in contact with reality, then, even after his detachment from the analysis, he will never be able to fall back into his former neurosis. The solution of the transference conflict implies the simultaneous solution of the infantile conflict of which it is a new edition. 'The change', says Freud in his *Introductory Lectures*, 'is made possible by alterations in the ego occurring as a consequence of the analyst's suggestions. At the expense of the unconscious the ego becomes wider by the work of interpretation which brings the unconscious material into consciousness; through education it becomes reconciled to the libido and is made willing to grant it a certain degree of satisfaction; and its horror of the claims of its libido is lessened by the new capacity it acquires to expend a certain amount of the libido in sublimation. The more nearly the course of the treatment corresponds with this ideal description the greater will be the success of the psycho-analytic therapy'.[4] I quote these words of Freud's to

[4] P. 381.

make it quite clear that at the time he wrote them he held that the ultimate factor in the therapeutic action of psycho-analysis was suggestion on the part of the analyst acting upon the patient's ego in such a way as to make it more tolerant of the libidinal trends.

The Super-Ego

In the years that have passed since he wrote this passage Freud has produced extremely little that bears directly on the subject; and that little goes to shew that he has not altered his views of the main principles involved. Indeed, in the additional lectures which were published last year, he explicitly states that he has nothing to add to the theoretical discussion upon therapy given in the original lectures fifteen years earlier.[5] At the same time there has in the interval been a considerable further development of his theoretical opinions, and especially in the region of ego-psychology. He has, in particular, formulated the concept of the super-ego. The re-statement in super-ego terms of the principles of therapeutics which he laid down in the period of resistance analysis may not involve many changes. But it is reasonable to expect that information about the super-ego will be of special interest from our point of view; and in two ways. In the first place, it would at first sight seem highly probable that the super-ego should play an important part, direct or indirect, in the setting-up and maintaining of the repressions and resistances the demolition of which has been the chief aim of analysis. And this is confirmed by an examination of the classification of the various kinds of resistance made by Freud in *Hemmung Symptom und Angst* (1926).[6] Of the five sorts of resistance there mentioned it is true that only one is attributed to the direct intervention of the super-ego, but two of the ego-resistances—the repression-resistance and the transference-resistance—although actually originating from the ego, are as a rule set up by it out of fear of the super-ego. It seems likely enough therefore that when Freud wrote the words which I have just quoted, to the effect that the favourable change in the patient 'is made possible by alterations in the ego' he was thinking, in part at all events, of that portion of the ego which he subsequently separated off into the super-ego. Quite apart from this, moreover, in another of Freud's more recent works, the *Group Psychology* (1921), there are passages which suggest

[5] *New Introductory Lectures* (1933), p. 194.

[6] Pp. 117–118.

a different point—namely, that it may be largely through the patient's super-ego that the analyst is able to influence him. These passages occur in the course of his discussion on the nature of hypnosis and suggestion.[7] He definitely rejects Bernheim's view that all hypnotic phenomena are traceable to the factor of suggestion, and adopts the alternative theory that suggestion is a partial manifestation of the state of hypnosis. The state of hypnosis, again, is found in certain respects to resemble the state of being in love. There is 'the same humble subjection, the same compliance, the same absence of criticism towards the hypnotist as towards the loved object'; in particular, there can be no doubt that the hypnotist, like the loved object, 'has stepped into the place of the subject's ego-ideal'. Now since suggestion is a partial form of hypnosis and since the analyst brings about his changes in the patient's attitude by means of suggestion, it seems to follow that the analyst owes his effectiveness, at all events in some respects, to his having stepped into the place of the patient's super-ego. Thus there are two convergent lines of argument which point to the patient's super-ego as occupying a key position in analytic therapy: it is a part of the patient's mind in which a favourable alteration would be likely to lead to general improvement, and it is a part of the patient's mind which is especially subject to the analyst's influence.

Such plausible notions as these were followed up almost immediately after the super-ego made its first *début*.[8] They were developed by Ernest Jones, for instance, in his paper on 'The Nature of Auto-Suggestion'.[9] Soon afterwards[10] Alexander launched his theory that the principal aim of all psycho-analytic therapy must be the complete demolition of the super-ego and the assumption of its functions by the ego. According to his account, the treatment falls into two phases. In the first phase the functions of the patient's super-ego are handed over to the analyst, and in the second phase they are passed back again to the patient, but this time to his ego. The super-ego, according to this view of Alexander's (though he explicitly limits his use of the word to the *unconscious* parts of the ego-ideal), is a portion of the

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[7] P. 77.

[8] In Freud's paper at the Berlin Congress in 1922, subsequently expanded into *The Ego and the Id* (1923).

[9] This JOURNAL, Vol. IV, 1923.

[10] At the Salzburg Congress in 1924: 'A Metapsychological Description of the Process of Cure', this JOURNAL, Vol. VI, 1925.

mental apparatus which is essentially primitive, out of date and out of touch with reality, which is incapable of adapting itself, and which operates automatically, with the monotonous uniformity of a reflex. Any useful functions that it performs can be carried out by the ego, and there is therefore nothing to be done with it but to scrap it. This wholesale attack upon the super-ego seems to be of questionable validity. It seems probable that its abolition, even if that were practical politics, would involve the abolition of a large number of highly desirable mental activities. But the idea that the analyst temporarily takes over the functions of the patient's super-ego during the treatment and by so doing in some way alters it agrees with the tentative remarks which I have already made.

So, too, do some passages in a paper by Radó upon ' The Economic Principle in Psycho-Analytic Technique '.[11] The second part of this paper, which was to have dealt with psycho-analysis, has unfortunately never been published ; but the first one, on hypnotism and catharsis,[12] contains much that is of interest. It includes a theory that the hypnotic subject introjects the hypnotist in the form of what Radó calls a ' parasitic super-ego ', which draws off the energy and takes over the functions of the subject's original super-ego. One feature of the situation brought out by Radó is the unstable and temporary nature of this whole arrangement. If, for instance, the hypnotist gives a command which is too much in opposition to the subject's original super-ego, the parasite is promptly extruded. And, in any case, when the state of hypnosis comes to an end, the sway of the parasitic super-ego also terminates and the original super-ego resumes its functions.

However debatable may be the details of Radó's description, it not only emphasizes once again the notion of the super-ego as the fulcrum of psychotherapy, but it draws attention to the important distinction between the effects of hypnosis and analysis in the matter of permanence. Hypnosis acts essentially in a temporary way, and Radó's theory of the parasitic super-ego, which does not really replace the original one but merely throws it out of action, gives a very good picture of its apparent workings. Analysis, on the other hand, in so so far as it seeks to affect the patient's super-ego, aims at something

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[11] Also first read at Salzburg in 1924.

[12] This JOURNAL, Vol. VI, 1925 ; in a revised form in German, *Zeitschrift*, Bd. XII, 1926.

much more far-reaching and permanent—namely, at an integral change in the nature of the patient's super-ego itself.[13] Some even more recent developments in psycho-analytic theory give a hint, so it seems to me, of the kind of lines along which a clearer understanding of the question may perhaps be reached.

Introjection and Projection

This latest growth of theory has been very much occupied with the destructive impulses and has brought them for the first time into the centre of interest; and attention has at the same time been concentrated on the correlated problems of guilt and anxiety. What I have in mind especially are the ideas upon the formation of the super-ego recently developed by Melanie Klein and the importance which she attributes to the processes of introjection and projection in the development of the personality. I will re-state what I believe to be her views in an exceedingly schematic outline.[14] The individual, she holds, is perpetually introjecting and projecting the objects of its id-impulses, and the character of the introjected objects depends on

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[13] This hypothesis seems to imply a contradiction of some authoritative pronouncements, according to which the structure of the super-ego is finally laid down and fixed at a very early age. Thus Freud appears in several passages to hold that the super-ego (or at all events its central core) is formed once and for all at the period at which the child emerges from its Œdipus complex. (See, for instance, *The Ego and the Id*, pp. 68–69.) So, too, Melanie Klein speaks of the development of the super-ego 'ceasing' and of its formation 'having reached completion' at the onset of the latency period (*The Psycho-Analysis of Children*, pp. 250 and 252), though in many other passages (e.g. p. 369) she implies that the super-ego can be altered at a later age under analysis. I do not know how far the contradiction is a real one. My theory does not in the least dispute the fact that in the normal course of events the super-ego becomes fixed at an early age and subsequently remains essentially unaltered. Indeed, it is a part of my view that in practice nothing except the process of psycho-analysis *can* alter it. It is of course a familiar fact that in many respects the analytic situation re-constitutes an infantile condition in the patient, so that the fact of being analysed may, as it were, throw the patient's super-ego once more into the melting-pot. Or, again, perhaps it is another mark of the non-adult nature of the neurotic that his super-ego remains in a malleable state.

[14] See *The Psycho-Analysis of Children* (1932), passim, especially Chapters VIII and IX.

the character of the id-impulses directed towards the external objects. Thus, for instance, during the stage of a child's libidinal development in which it is dominated by feelings of oral aggression, its feelings towards its external object will be orally aggressive; it will then introject the object, and the introjected object will now act (in the manner of a super-ego) in an orally aggressive way towards the child's ego. The next event will be the projection of this orally aggressive introjected object back on to the external object, which will now in its turn appear to be orally aggressive. The fact of the external object being thus felt as dangerous and destructive once more causes the id-impulses to adopt an even more aggressive and destructive attitude towards the object in self-defence. A vicious circle is thus established. This process seeks to account for the extreme severity of the super-ego in small children, as well as for their unreasonable fear of outside objects. In the course of the development of the normal individual, his libido eventually reaches the genital stage, at which the positive impulses predominate. His attitude towards his external objects will thus become more friendly, and accordingly his introjected object (or super-ego) will become less severe and his ego's contact with reality will be less distorted. In the case of the neurotic, however, for various reasons—whether on account of frustration or of an incapacity of the ego to tolerate id-impulses, or of an inherent excess of the destructive components—development to the genital stage does not occur, but the individual remains fixated at a pre-genital level. His ego is thus left exposed to the pressure of a savage id on the one hand and a correspondingly savage super-ego on the other, and the vicious circle I have just described is perpetuated.

The Neurotic Vicious Circle

I should like to suggest that the hypothesis which I have stated in this bald fashion may be useful in helping us to form a picture not only of the mechanism of a *neurosis* but also of the mechanism of its *cure*. There is, after all, nothing new in regarding a neurosis as essentially an obstacle or deflecting force in the path of normal development; nor is there anything new in the belief that psycho-analysis (owing to the peculiarities of the analytic situation) is able to remove the obstacle and so allow the normal development to proceed. I am only trying to make our conceptions a little more precise by supposing that the pathological obstacle to the neurotic individual's further growth is in the nature of a vicious circle of the kind I have

described. If a breach could somehow or other be made in the vicious circle, the processes of development would proceed upon their normal course. If, for instance, the patient could be made less frightened of his super-ego or introjected object, he would project less terrifying imagos on to the outer object and would therefore have less need to feel hostility towards it ; the object which he then introjected would in turn be less savage in its pressure upon the id-impulses, which would be able to lose something of their primitive ferocity. In short, a *benign* circle would be set up instead of the vicious one, and ultimately the patient's libidinal development would proceed to the genital level, when, as in the case of a normal adult, his super-ego will be comparatively mild and his ego will have a relatively undistorted contact with reality.[15]

But at what point in the vicious circle is the breach to be made and how is it actually to be effected ? It is obvious that to alter the character of a person's super-ego is easier said than done. Nevertheless, the quotations that I have already made from earlier discussions of the subject strongly suggest that the super-ego will be found to play an important part in the solution of our problem. Before we go further, however, it will be necessary to consider a little more closely the nature of what is described as the analytic situation. The relation between the two persons concerned in it is a highly complex one, and for our present purposes I am going to isolate two elements in it. In the first place, the patient in analysis tends to centre the whole of his id-impulses upon the analyst. I shall not comment further upon this fact or its implications, since they are so immensely familiar. I will only emphasize their vital importance to all that follows and proceed at once to the second element of the analytic situation which I wish to isolate. The patient in analysis tends to accept the analyst in some way or other as a substitute for his own super-ego. I propose at this point to imitate with a slight difference the convenient phrase which was used by Radó in his account of hypnosis and to say that in analysis the patient tends to make the analyst into an ' auxiliary super-ego '. This phrase and the relation described by it evidently require some explanation.

[15] A similar view has often been suggested by Melanie Klein. See, for instance, *The Psycho-Analysis of Children*, p. 369. It has been developed more explicitly and at greater length by Melitta Schmideberg : ' Zur Psychoanalyse asozialer Kinder und Jugendlicher ' (*Zeitschrift*, Bd. XVIII, 1932).

The Analyst as ' Auxiliary Super-Ego '

When a neurotic patient meets a new object in ordinary life, according to our underlying hypothesis he will tend to project on to it his introjected archaic objects and the new object will become to that extent a phantasy object. It is to be presumed that his introjected objects are more or less separated out into two groups, which function as a ' good ' introjected object (or mild super-ego) and a ' bad ' introjected object (or harsh super-ego). According to the degree to which his ego maintains contacts with reality, the ' good ' introjected object will be projected on to benevolent real outside objects and the ' bad ' one on to malignant real outside objects. Since, however, he is by hypothesis neurotic, the ' bad ' introjected object will predominate, and will tend to be projected more than the ' good ' one ; and there will further be a tendency, even where to begin with the ' good ' object was projected, for the ' bad ' one after a time to take its place. Consequently, it will be true to say that in general the neurotic's phantasy objects in the outer world will be predominantly dangerous and hostile. Moreover, since even his ' good ' introjected objects will be ' good ' according to an archaic and infantile standard, and will be to some extent maintained simply for the purpose of counteracting the ' bad ' objects, even his ' good ' phantasy objects in the outer world will be very much out of touch with reality. Going back now to the moment when our neurotic patient meets a new object in real life and supposing (as will be the more usual case) that he projects his ' bad ' introjected object on to it—the phantasy external object will then seem to him to be dangerous ; he will be frightened of it and, to defend himself against it, will become more angry. Thus when he introjects this new object in turn, it will merely be adding one more terrifying imago to those he has already introjected. The new introjected imago will in fact simply be a duplicate of the original archaic ones, and his super-ego will remain almost exactly as it was. The same will be also true *mutatis mutandis* where he begins by projecting his ' good ' introjected object on to the new external object he has met with. No doubt, as a result, there will be a slight strengthening of his kind super-ego at the expense of his harsh one, and to that extent his condition will be improved. But there will be no *qualitative* change in his super-ego, for the new ' good ' object introjected will only be a duplicate of an archaic original and will only re-inforce the archaic ' good ' super-ego already present.

The effect when this neurotic patient comes in contact with a

new object *in analysis* is from the first moment to create a different situation. His super-ego is in any case neither homogeneous nor well-organised; the account we have given of it hitherto has been over-simplified and schematic. Actually the introjected imagos which go to make it up are derived from a variety of different stages of his history and function to some extent independently. Now, owing to the peculiarities of the analytic circumstances and of the analyst's behaviour, the introjected imago of the analyst tends in part to be rather definitely separated off from the rest of the patient's super-ego. (This, of course, presupposes a certain degree of contact with reality on his part. Here we have one of the fundamental criteria of accessibility to analytic treatment; another, which we have already implicitly noticed, is the patient's ability to attach his id-impulses to the analyst.) This separation between the imago of the introjected analyst and the rest of the patient's super-ego becomes evident at quite an early stage of the treatment; for instance in connection with the fundamental rule of free association. The new bit of super-ego tells the patient that he is allowed to say anything that may come into his head. This works satisfactorily for a little; but soon there comes a conflict between the new bit and the rest, for the original super-ego says: 'You must *not* say this, for, if you do, you will be using an obscene word or betraying so-and-so's confidences'. The separation off of the new bit—what I have called the 'auxiliary' super-ego—tends to persist for the very reason that it usually operates in a different direction from the rest of the super-ego. And this is true not only of the 'harsh' super-ego but also of the 'mild' one. For, though the auxiliary super-ego is in fact kindly, it is not kindly in the same archaic way as the patient's introjected 'good' imagos. The most important characteristic of the auxiliary super-ego is that its advice to the ego is consistently based upon *real* and *contemporary* considerations and this in itself serves to differentiate it from the greater part of the original super-ego.

In spite of this, however, the situation is extremely insecure. There is a constant tendency for the whole distinction to break down. The patient is liable at any moment to project his terrifying imago on to the analyst just as though he were anyone else he might have met in the course of his life. If this happens, the introjected imago of the analyst will be wholly incorporated into the rest of the patient's harsh super-ego, and the auxiliary super-ego will disappear. And even when the *content* of the auxiliary super-ego's advice is realised as being

different from or contrary to that of the original super-ego, very often its *quality* will be felt as being the same. For instance, the patient may feel that the analyst has said to him: 'If you don't say whatever comes into your head, I shall give you a good hiding', or, 'If you don't become conscious of this piece of the unconscious I shall turn you out of the room'. Nevertheless, labile though it is, and limited as is its authority, this peculiar relation between the analyst and the patient's ego seems to put into the analyst's grasp his main instrument in assisting the development of the therapeutic process. What is this main weapon in the analyst's armoury? Its name springs at once to our lips. The weapon is, of course, interpretation. And here we reach the core of the problem that I want to discuss in the present paper.

Interpretation

What, then, *is* interpretation? and how does it work? Extremely little seems to be known about it, but this does not prevent an almost universal belief in its remarkable efficacy as a weapon: interpretation has, it must be confessed, many of the qualities of a *magic* weapon. It is, of course, felt as such by many patients. Some of them spend hours at a time in providing interpretations of their own—often ingenious, illuminating, correct. Others, again, derive a direct libidinal gratification from being given interpretations and may even develop something parallel to a drug-addiction to them. In non-analytical circles interpretation is usually either scoffed at as something ludicrous, or dreaded as a frightful danger. This last attitude is shared, I think, more than is often realized, by a certain number of analysts. This was particularly revealed by the reactions shewn in many quarters when the idea of giving interpretations to small children was first mooted by Melanie Klein. But I believe it would be true in general to say that analysts are inclined to feel interpretation as something extremely powerful whether for good or ill. I am speaking now of our *feelings* about interpretation as distinguished from our reasoned beliefs. And there might seem to be a good many grounds for thinking that our feelings on the subject tend to distort our beliefs. At all events, many of these beliefs seem superficially to be contradictory; and the contradictions do not always spring from different schools of thought, but are apparently sometimes held simultaneously by one individual. Thus, we are told that if we interpret too soon or too rashly, we run the risk of losing a patient; that unless we interpret promptly and deeply we run the risk of losing a patient; that inter-

pretation may give rise to intolerable and unmanageable outbreaks of anxiety by ' liberating ' it ; that interpretation is the only way of enabling a patient to cope with an unmanageable outbreak of anxiety by ' resolving ' it ; that interpretations must always refer to material on the very point of emerging into consciousness ; that the most useful interpretations are really deep ones ; ' Be cautious with your interpretations ! ' says one voice ; ' When in doubt, interpret ! ' says another. Nevertheless, although there is evidently a good deal of confusion in all of this, I do not think these views are necessarily incompatible ; the various pieces of advice may turn out to refer to different circumstances and different cases and to imply different uses of the word ' interpretation '.

For the word is evidently used in more than one sense. It is, after all, perhaps only a synonym for the old phrase we have already come across—' making what is unconscious conscious ', and it shares all of that phrase's ambiguities. For in one sense, if you give a German English dictionary to someone who knows no German, you will be giving him a collection of interpretations, and this, I think, is the kind of sense in which the nature of interpretation has been discussed in a recent paper by Bernfeld.[16] Such descriptive interpretations have evidently no relevance to our present topic, and I shall proceed without more ado to define as clearly as I can one particular sort of interpretation, which seems to me to be actually the ultimate instrument of psycho-analytic therapy and to which for convenience I shall give the name of ' mutative ' interpretation.

I shall first of all give a schematized outline of what I understand by a mutative interpretation, leaving the details to be filled in afterwards ; and, with a view to clarity of exposition, I shall take as an instance the interpretation of a hostile impulse. By virtue of his power (his strictly limited power) as auxiliary super-ego, the analyst gives permission for a certain small quantity of the patient's id-energy (in our instance, in the form of an aggressive impulse) to become conscious.[17] Since the analyst is also, from the nature of things, the

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[16] ' Der Begriff der Deutung in der Psychoanalyse ', *Zeitschrift für angewandte Psychologie*, Bd. 42, 1932. A critical summary of this by Gerö will be found in *Imago*, Bd. XIX, 1933.

[17] I am making no attempt at describing the process in correct metapsychological terms. For instance, in Freud's view, the antithesis between conscious and unconscious is not, strictly speaking, applicable to instinctual

object of the patient's id-impulses, the quantity of these impulses which is now released into consciousness will become consciously directed towards the analyst. This is the critical point. If all goes well, the patient's ego will become aware of the contrast between the aggressive character of his feelings and the real nature of the analyst, who does not behave like the patient's ' good ' or ' bad ' archaic objects. The patient, that is to say, will become aware of a distinction between his archaic phantasy object and the real external object. The interpretation has now become a mutative one, since it has produced a breach in the neurotic vicious circle. For the patient, having become aware of the lack of aggressiveness in the real external object, will be able to diminish his own aggressiveness; the new object which he introjects will be less aggressive, and consequently the aggressiveness of his super-ego will also be diminished. As a further corollary to these events, and simultaneously with them, the patient will obtain access to the infantile material which is being re-experienced by him in his relation to the analyst.

Such is the general scheme of the mutative interpretation. You will notice that in my account the process appears to fall into two phases. I am anxious not to pre-judge the question of whether these two phases are in temporal sequence or whether they may not really be two simultaneous aspects of a single event. But for descriptive purposes it is easier to deal with them as though they were successive. First, then, there is the phase in which the patient becomes conscious of a particular quantity of id-energy as being directed towards the analyst; and secondly there is the phase in which the patient becomes aware that this id-energy is directed towards an archaic phantasy object and not towards a real one.

The First Phase of Interpretation

The first phase of a mutative interpretation—that in which a portion of the patient's id-relation to the analyst is made conscious in virtue of the latter's position as auxiliary super-ego—is in itself complex. In the classical model of an interpretation, the patient will first be made aware of a state of tension in his ego, will next be made aware that there is a repressive factor at work (that his super-ego is

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impulses themselves, but only to the ideas which represent them in the mind. (' The Unconscious ', *Collected Papers*, Vol. IV, p. 109.) Nevertheless, for the sake of simplicity, I speak throughout this paper of ' making id-impulses conscious '.

threatening him with punishment), and will only then be made aware of the id-impulse which has stirred up the protests of his super-ego and so given rise to the anxiety in his ego. This is the classical scheme. In actual practice, the analyst finds himself working from all three sides at once, or in irregular succession. At one moment a small portion of the patient's super-ego may be revealed to him in all its savagery, at another the shrinking defencelessness of his ego, at yet another his attention may be directed to the attempts which he is making at restitution—at compensating for his hostility; on some occasions a fraction of id-energy may even be directly encouraged to break its way through the last remains of an already weakened resistance. There is, however, one characteristic which all of these various operations have in common; they are essentially upon a small scale. For the mutative interpretation is inevitably governed by the principle of minimal doses. It is, I think, a commonly agreed clinical fact that alterations in a patient under analysis appear almost always to be extremely gradual: we are inclined to suspect sudden and large changes as an indication that suggestive rather than psycho-analytic processes are at work. The gradual nature of the changes brought about in psycho-analysis will be explained if, as I am suggesting, those changes are the result of the summation of an immense number of minute steps, each of which corresponds to a mutative interpretation. And the smallness of each step is in turn imposed by the very nature of the analytic situation. For each interpretation involves the release of a certain quantity of id-energy, and, as we shall see in a moment, if the quantity released is too large, the highly unstable state of equilibrium which enables the analyst to function as the patient's auxiliary super-ego is bound to be upset. The whole analytic situation will thus be imperilled, since it is only in virtue of the analyst's acting as auxiliary super-ego that these releases of id-energy can occur at all.

Let us examine in greater detail the effects which follow from the analyst attempting to bring too great a quantity of id-energy into the patient's consciousness all at once.[18] On the one hand, nothing whatever may happen, or on the other hand there may be an unmanageable result; but in neither event will a mutative interpretation have been effected. In the former case (in which there is apparently no

[18] Incidentally, it seems as though a *qualitative* factor may be concerned as well: that is, some *kinds* of id-impulses may be more repugnant to the ego than others.

effect) the analyst's power as auxiliary super-ego will not have been strong enough for the job he has set himself. But this again may be for two very different reasons. It may be that the id-impulses he was trying to bring out were not in fact sufficiently urgent at the moment : for, after all, the emergence of an id-impulse depends on two factors— not only on the permission of the super-ego, but also on the urgency (the degree of cathexis) of the id-impulse itself. This, then, may be one cause of an apparently negative response to an interpretation, and evidently a fairly harmless one. But the same apparent result may also be due to something else ; in spite of the id-impulse being really urgent, the strength of the patient's own repressive forces (the degree of repression) may have been too great to allow his ego to listen to the persuasive voice of the auxiliary super-ego. Now here we have a situation dynamically identical with the next one we have to consider, though economically different. This next situation is one in which the patient accepts the interpretation, that is, allows the id-impulse into his consciousness, but is immediately overwhelmed with anxiety. This may shew itself in a number of ways : for instance, the patient may produce a manifest anxiety-attack, or he may exhibit signs of ' real ' anger with the analyst with complete lack of insight, or he may break off the analysis. In any of these cases the analytic situation will, for the moment at least, have broken down. The patient will be behaving just as the hypnotic subject behaves when, having been ordered by the hypnotist to perform an action too much at variance with his own conscience, he breaks off the hypnotic relation and wakes up from his trance. This state of things, which is *manifest* where the patient responds to an interpretation with an actual outbreak of anxiety or one of its equivalents, may be *latent* where the patient shews no response. And this latter case may be the more awkward of the two, since it is masked, and it may sometimes, I think, be the effect of a greater overdose of interpretation than where manifest anxiety arises (though obviously other factors will be of determining importance here and in particular the nature of the patient's neurosis). I have ascribed this threatened collapse of the analytic situation to an overdose of interpretation : but it might be more accurate in some ways to ascribe it to an *insufficient* dose. For what has happened is that the second phase of the interpretative process has not occurred : the phase in which the patient becomes aware that his impulse is directed towards an archaic phantasy object and not towards a real one.

The Second Phase of Interpretation

In the second phase of a complete interpretation, therefore, a crucial part is played by the patient's sense of reality : for the successful outcome of that phase depends upon his ability, at the critical moment of the emergence into consciousness of the released quantity of id-energy, to distinguish between his phantasy object and the real analyst. The problem here is closely related to one that I have already discussed, namely that of the extreme lability of the analyst's position as auxiliary super-ego. The analytic situation is all the time threatening to degenerate into a ' real ' situation. But this actually means the opposite of what it appears to. It means that the patient is all the time on the brink of turning the real external object (the analyst) into the archaic one ; that is to say, he is on the brink of projecting his primitive introjected imagos on to him. In so far as the patient actually does this, the analyst becomes like anyone else that he meets in real life—a phantasy object. The analyst then ceases to possess the peculiar advantages derived from the analytic situation ; he will be introjected like all other phantasy objects into the patient's super-ego, and will no longer be able to function in the peculiar ways which are essential to the effecting of a mutative interpretation. In this difficulty the patient's sense of reality is an essential but a very feeble ally ; indeed, an improvement in it is one of the things that we hope the analysis will bring about. It is important, therefore, not to submit it to any unnecessary strain ; and that is the fundamental reason why the analyst must avoid any real behaviour that is likely to confirm the patient's view of him as a ' bad ' or a ' good ' phantasy object. This is perhaps more obvious as regards the ' bad ' object. If, for instance, the analyst were to shew that he was really shocked or frightened by one of the patient's id-impulses, the patient would immediately treat him in that respect as a dangerous object and introject him into his archaic severe super-ego. Thereafter, on the one hand, there would be a diminution in the analyst's power to function as an auxiliary super-ego and to allow the patient's ego to become conscious of his id-impulses—that is to say, in his power to bring about the *first* phase of a mutative interpretation ; and, on the other hand, he would, as a real object, become sensibly less distinguishable from the patient's ' bad ' phantasy object and to that extent the carrying through of the *second* phase of a mutative interpretation would also be made more difficult. Or again, there is another case. Supposing the analyst behaves in an opposite way and actively urges

the patient to give free rein to his id-impulses. There is then a possibility of the patient confusing the analyst with the imago of a treacherous parent who first encourages him to seek gratification, and then suddenly turns and punishes him. In such a case, the patient's ego may look for defence by itself suddenly turning upon the analyst as though he were his own id, and treating him with all the severity of which his super-ego is capable. Here again, the analyst is running a risk of losing his privileged position. But it may be equally unwise for the analyst to act really in such a way as to encourage the patient to project his 'good' introjected object on to him. For the patient will then tend to regard him as a good object in an archaic sense and will incorporate him with his archaic 'good' imagos and will use him as a protection against his 'bad' ones. In that way, his infantile positive impulses as well as his negative ones may escape analysis, for there may no longer be a possibility for his ego to make a comparison between the phantasy external object and the real one. It will perhaps be argued that, with the best will in the world, the analyst, however careful he may be, will be unable to prevent the patient from projecting these various imagos on to him. This is of course indisputable, and indeed, the whole effectiveness of analysis depends upon its being so. The lesson of these difficulties is merely to remind us that the patient's sense of reality has the narrowest limits. It is a paradoxical fact that the best way of ensuring that his ego shall be able to distinguish between phantasy and reality is to withhold reality from him as much as possible. But it is true. His ego is so weak—so much at the mercy of his id and super-ego—that he can only cope with reality if it is administered in minimal doses. And these doses are in fact what the analyst gives him, in the form of interpretations.

Interpretation and Reassurance

It seems to me possible that an approach to the twin practical problems of interpretation and reassurance may be facilitated by this distinction between the two phases of interpretation. Both procedures may, it would appear, be useful or even essential in certain circumstances and inadvisable or even dangerous in others. In the case of interpretation,[19] the first of our hypothetical phases may be

[19] For the necessity for 'continuous and deep-going interpretations' in order to diminish or prevent anxiety-attacks, see Melanie Klein's *Psycho-Analysis of Children*, pp. 58–59. On the other hand: 'The anxiety belonging to the deep levels is far greater, both in amount and intensity,

said to ' liberate ' anxiety, and the second to ' resolve ' it. Where a quantity of anxiety is already present or on the point of breaking out, an interpretation, owing to the efficacy of its second phase, may enable the patient to recognize the unreality of his terrifying phantasy object and so to reduce his own hostility and consequently his anxiety. On the other hand, to induce the ego to allow a quantity of id-energy into consciousness is obviously to court an outbreak of anxiety in a personality with a harsh super-ego. And this is precisely what the analyst does in the first phase of an interpretation. As regards ' reassurance ', I can only allude briefly here to some of the problems it raises.[20] I believe, incidentally, that the term needs to be defined almost as urgently as ' interpretation ', and that it covers a number of different mechanisms. But in the present connection reassurance may be regarded as behaviour on the part of the analyst calculated to make the patient regard him as a ' good ' phantasy object rather than as a real one. I have already given some reasons for doubting the expediency of this, though it seems to be generally felt that the procedure may sometimes be of great value, especially in psychotic cases. It might, moreover, be supposed at first sight that the adoption of such an attitude by the analyst might actually directly favour the prospect of making a mutative interpretation. But I believe that it will be seen on reflection that this is not in fact the case : for precisely in so far as the patient regards the analyst as his phantasy object, the second phase of the interpretation does not occur—since it is of the essence of that phase that in it the patient should make a distinction between his phantasy object and the real one. It is true that his anxiety may be reduced ; but this result will not have been achieved by a method that involves a permanent qualitative change in his super-ego. Thus, whatever tactical importance reassurance may possess, it cannot, I think, claim to be regarded as an ultimate operative factor in psycho-analytic therapy.

It must here be noticed that certain other sorts of behaviour on the part of the analyst may be dynamically equivalent to the giving of a mutative interpretation, or to one or other of the two phases of that process. For instance, an ' active ' injunction of the kind con-

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and it is therefore imperative that its liberation should be duly regulated '. (*Ibid*, p. 139.)

[20] Its uses were discussed by Melitta Schmideberg in a paper read to the British Psycho-Analytical Society on February 7, 1934.

templated by Ferenczi may amount to an example of the first phase of an interpretation ; the analyst is making use of his peculiar position in order to induce the patient to become conscious in a particularly vigorous fashion of certain of his id-impulses. One of the objections to this form of procedure may be expressed by saying that the analyst has very little control over the dosage of the id-energy that is thus released, and very little guarantee that the second phase of the interpretation will follow. He may therefore be unwittingly precipitating one of those critical situations which are always liable to arise in the case of an incomplete interpretation. Incidentally, the same dynamic pattern may arise when the analyst requires the patient to produce a ' forced ' phantasy or even (especially at an early stage in an analysis) when the analyst asks the patient a question ; here again, the analyst is in effect giving a blindfold interpretation, which it may prove impossible to carry beyond its first phase. On the other hand, situations are fairly constantly arising in the course of an analysis in which the patient becomes conscious of small quantities of id-energy without any direct provocation on the part of the analyst. An anxiety situation might then develop, if it were not that the analyst, by his behaviour or, one might say, absence of behaviour, enables the patient to mobilize his sense of reality and make the necessary distinction between an archaic object and a real one. What the analyst is doing here is equivalent to bringing about the second phase of an interpretation, and the whole episode may amount to the making of a mutative interpretation. It is difficult to estimate what proportion of the therapeutic changes which occur during analysis may not be due to *implicit* mutative interpretations of this kind. Incidentally, this type of situation seems sometimes to be regarded, incorrectly as I think, as an example of reassurance.

' Immediacy ' of Mutative Interpretations

But it is now time to turn to two other characteristics which appear to be essential properties of every mutative interpretation. There is in the first place one already touched upon in considering the apparent or real absence of effect which sometimes follows upon the giving of an interpretation. A mutative interpretation can only be applied to an id-impulse which is actually in a state of cathexis. This seems self-evident ; for the dynamic changes in the patient's mind implied by a mutative interpretation can only be brought about by the operation of a charge of energy originating in the patient himself :

the function of the analyst is merely to ensure that the energy shall flow along one channel rather than along another. It follows from this that the purely informative 'dictionary' type of interpretation will be non-mutative, however useful it may be as a prelude to mutative interpretations. And this leads to a number of practical inferences. Every mutative interpretation must be emotionally 'immediate'; the patient must experience it as something actual. This requirement, that the interpretation must be 'immediate', may be expressed in another way by saying that interpretations must always be directed to the 'point of urgency'. At any given moment some particular id-impulse will be in activity; *this* is the impulse that is susceptible of mutative interpretation at that time, and no other one. It is, no doubt, neither possible nor desirable to be giving mutative interpretations all the time; but, as Melanie Klein has pointed out, it is a most precious quality in an analyst to be able at any moment to pick out the point of urgency.[21]

'Deep' Interpretation

But the fact that every mutative interpretation must deal with an 'urgent' impulse takes us back once more to the commonly felt fear of the explosive possibilities of interpretation, and particularly of what is vaguely referred to as 'deep' interpretation. The ambiguity of the term, however, need not bother us. It describes, no doubt, the interpretation of material which is either genetically early and historically distant from the patient's actual experience or which is under an especially heavy weight of repression—material, in any case, which is in the normal course of things exceedingly inaccessible to his ego and remote from it. There seems reason to believe, moreover, that the anxiety which is liable to be aroused by the approach of such material to consciousness may be of peculiar severity.[22] The question whether it is 'safe' to interpret such material will, as usual, mainly depend upon whether the second phase of the interpretation can be carried through. In the ordinary run of case the material which is urgent during the earlier stages of the analysis is not deep. We have to deal at first only with more or less far-going displacements of the deep impulses, and the deep material itself is only reached later and by degrees, so that no sudden appearance of unmanageable quantities of anxiety is to be anticipated. In exceptional cases, how-

[21] *The Psycho-Analysis of Children*, pp. 58–59.

[22] *Ibid.*, p. 139.

ever, owing to some peculiarity in the structure of the neurosis, deep impulses may be urgent at a very early stage of the analysis. We are then faced by a dilemma. If we give an interpretation of this deep material, the amount of anxiety produced in the patient may be so great that his sense of reality may not be sufficient to permit of the second phase being accomplished, and the whole analysis may be jeopardised. But it must not be thought that, in such critical cases as we are now considering, the difficulty can necessarily be avoided simply by not giving any interpretation or by giving more superficial interpretations of non-urgent material or by attempting reassurances. It seems probable, in fact, that these alternative procedures may do little or nothing to obviate the trouble; on the contrary, they may even exacerbate the tension created by the urgency of the deep impulses which are the actual cause of the threatening anxiety. Thus the anxiety may break out in spite of these palliative efforts and, if so, it will be doing so under the most unfavourable conditions, that is to say, outside the mitigating influences afforded by the mechanism of interpretation. It is possible, therefore, that, of the two alternative procedures which are open to the analyst faced by such a difficulty, the interpretation of the urgent id-impulses, deep though they may be, will actually be the safer.

'Specificity' of Mutative Interpretations

I shall have occasion to return to this point for a moment later on, but I must now proceed to the mention of one further quality which it seems necessary for an interpretation to possess before it can be mutative, a quality which is perhaps only another aspect of the one we have been describing. A mutative interpretation must be *'specific'*: that is to say, detailed and concrete. This is, in practice, a matter of degree. When the analyst embarks upon a given theme, his interpretations cannot always avoid being vague and general to begin with; but it will be necessary eventually to work out and interpret all the details of the patient's phantasy system. In proportion as this is done the interpretations will be mutative, and much of the necessity for apparent repetitions of interpretations already made is really to be explained by the need for filling in the details. I think it possible that some of the delays which despairing analysts attribute to the patient's id-resistance could be traced to this source. It seems as though vagueness in interpretation gives the defensive forces of the patient's ego the opportunity, for which they are always on the look-

out, of baffling the analyst's attempt at coaxing an urgent id-impulse into consciousness. A similarly blunting effect can be produced by certain forms of reassurance, such as the tacking on to an interpretation of an ethnological parallel or of a theoretical explanation: a procedure which may at the last moment turn a mutative interpretation into a non-mutative one. The apparent effect may be highly gratifying to the analyst; but later experience may show that nothing of permanent use has been achieved or even that the patient has been given an opportunity for increasing the strength of his defences. Here we have evidently reached a topic discussed not long ago by Edward Glover in one of the very few papers in the whole literature which seriously attacks the problem of interpretation.[23] Glover argues that, whereas a *blatantly* inexact interpretation is likely to have no effect at all, a *slightly* inexact one may have a therapeutic effect of a non-analytic, or rather anti-analytic, kind by enabling the patient to make a deeper and more efficient repression. He uses this as a possible explanation of a fact that has always seemed mysterious, namely, that in the earlier days of analysis, when much that we now know of the characteristics of the unconscious was still undiscovered, and when interpretation must therefore often have been inexact, therapeutic results were nevertheless obtained.

Abreaction

The possibility which Glover here discusses serves to remind us more generally of the difficulty of being certain that the effects that follow any given interpretation are genuinely the effects of interpretation and not transference phenomena of one kind or another. I have already remarked that many patients derive direct libidinal gratification from interpretation as such; and I think that some of the striking signs of abreaction which occasionally follow an interpretation ought not necessarily to be accepted by the analyst as evidence of anything more than that the interpretation has gone home in a libidinal sense.

The whole problem, however, of the relation of abreaction to psycho-analysis is a disputed one. Its therapeutic results seem, up to a point, undeniable. It was from them, indeed, that analysis was born; and even to-day there are psycho-therapists who rely on it almost exclusively. During the War, in particular, its effectiveness

[23] 'The Therapeutic Effect of Inexact Interpretation', this JOURNAL, Vol. XII, 1931.

was widely confirmed in cases of 'shell-shock'. It has also been argued often enough that it plays a leading part in bringing about the results of psycho-analysis. Rank and Ferenczi, for instance, declared that in spite of all advances in our knowledge abreaction remained the essential agent in analytic therapy.[24] More recently, Reik has supported a somewhat similar view in maintaining that 'the element of surprise is the most important part of analytic technique'.[25] A much less extreme attitude is taken by Nunberg in the chapter upon therapeutics in his text-book of psycho-analysis.[26] But he, too, regards abreaction as one of the component factors in analysis, and in two ways. In the first place, he mentions the improvement brought about by abreaction in the usual sense of the word, which he plausibly attributes to a relief of endo-psychic tension due to a discharge of accumulated affect. And in the second place, he points to a similar relief of tension upon a small scale arising from the actual process of becoming conscious of something hitherto unconscious, basing himself upon a statement of Freud's that the act of becoming conscious involves a discharge of energy.[27] On the other hand, Radó appears to regard abreaction as opposed in its function to analysis. He asserts that the therapeutic effect of catharsis is to be attributed to the fact that (together with other forms of non-analytic psycho-therapy) it offers the patient an artificial neurosis in exchange for his original one, and that the phenomena observable when abreaction occurs are akin to those of an hysterical attack.[28] A consideration of the views of these various authorities suggests that what we describe as 'abreaction' may cover two different processes: one a discharge of affect and the other a libidinal gratification. If so, the first of these might

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[24] *Entwicklungsziele der Psychoanalyse* (1924), p. 27.

[25] 'New Ways in Psycho-Analytic Technique', this JOURNAL, Vol. XIV, 1933.

[26] *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage* (1932), pp. 303-304. This chapter appears in English in an abbreviated version as a contribution to Lorand's *Psycho-Analysis To-day* (1933). There is very little, I think, in Nunberg's comprehensive catalogue of the factors at work in analytic therapy that conflicts with the views expressed in the present paper, though I have given a different account of the interrelation between those factors.

[27] *Beyond the Pleasure Principle*, p. 28.

[28] 'The Economic Principle in Psycho-Analytic Technique', this JOURNAL, Vol. VI, 1925.

be regarded (like various other procedures) as an occasional adjunct to analysis, sometimes, no doubt, a useful one, and possibly even as an inevitable accompaniment of mutative interpretations; whereas the second process might be viewed with more suspicion, as an event likely to impede analysis—especially if its true nature were unrecognised. But with either form there would seem good reason to believe that the effects of abreaction are permanent only in cases in which the predominant ætiological factor is an external event: that is to say, that it does not in itself bring about any radical qualitative alteration in the patient's mind. Whatever part it may play in analysis is thus unlikely to be of anything more than an ancillary nature.

Extra-Transference Interpretations

If we now turn back and consider for a little the picture I have given of a mutative interpretation with its various characteristics, we shall notice that my description appears to exclude every kind of interpretation except those of a single class—the class, namely, of *transference* interpretations. Is it to be understood that no extra-transference interpretation can set in motion the chain of events which I have suggested as being the essence of psycho-analytical therapy? That is indeed my opinion, and it is one of my main objects in writing this paper to throw into relief—what has, of course, already been observed, but never, I believe, with enough explicitness—the dynamic distinctions between transference and extra-transference interpretations. These distinctions may be grouped under two heads. In the first place, extra-transference interpretations are far less likely to be given at the point of urgency. This must necessarily be so, since in the case of an extra-transference interpretation the object of the id-impulse which is brought into consciousness is not the analyst and is not immediately present, whereas, apart from the earliest stages of an analysis and other exceptional circumstances, the point of urgency is nearly always to be found in the transference. It follows that extra-transference interpretations tend to be concerned with impulses which are distant both in time and space and are thus likely to be devoid of immediate energy. In extreme instances, indeed, they may approach very closely to what I have already described as the handing-over to the patient of a German-English dictionary. But in the second place, once more owing to the fact that the object of the id-impulse is not actually present, it is less easy for the patient, in the case of an extra-transference interpretation, to become directly

aware of the distinction between the real object and the phantasy object. Thus it would appear that, with extra-transference interpretations, on the one hand what I have described as the first phase of a mutative interpretation is less likely to occur, and on the other hand, if the first phase *does* occur, the second phase is less likely to follow. In other words, an extra-transference interpretation is liable to be both less effective and more risky than a transference one.[29] Each of these points deserves a few words of separate examination.

It is, of course, a matter of common experience among analysts that it is possible with certain patients to continue indefinitely giving interpretations without producing any apparent effect whatever. There is an amusing criticism of this kind of ' interpretation-fanaticism ' in the excellent historical chapter of Rank and Ferenczi.[30] But it is clear from their words that what they have in mind are essentially extra-transference interpretations, for the burden of their criticism is that such a procedure implies neglect of the analytic situation. This is the simplest case, where a waste of time and energy is the main result. But there are other occasions, on which a policy of giving strings of extra-transference interpretations is apt to lead the analyst into more positive difficulties. Attention was drawn by Reich[31] a few years ago in the course of some technical discussions in Vienna to a tendency among inexperienced analysts to get into trouble by eliciting from the patient great quantities of material in a disordered and unrelated fashion: this may, he maintained, be carried to such lengths that the analysis is brought to an irremediable state of chaos. He pointed out very truly that the material we have to deal with is stratified and that it is highly important in digging it out not to interfere more than we can help with the arrangement of the strata.

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[29] This corresponds to the fact that the pseudo-analysts and ' wild ' analysts limit themselves as a rule to extra-transference interpretations. It will be remembered that this was true of Freud's original ' wild ' analyst (' Observations on " Wild " Psycho-Analysis ' (1910), *Collected Papers*, Vol. II).

[30] *Entwicklungsziele der Psychoanalyse*, p. 31.

[31] ' Bericht über das " Seminar für psychoanalytische Therapie " in Wien ', *Zeitschrift*, Bd. XIII, 1927. This has recently been re-published as a chapter in Reich's volume upon *Charakteranalyse* (1933), which contains a quantity of other material with an interesting bearing on the subject of the present paper.

He had in mind, of course, the analogy of an incompetent archæologist, whose clumsiness may obliterate for all time the possibility of reconstructing the history of an important site. I do not myself feel so pessimistic about the results in the case of a clumsy analysis, since there is the essential difference that our material is alive and will, as it were, re-stratify itself of its own accord if it is given the opportunity : that is to say, in the analytic situation. At the same time, I agree as to the presence of the risk, and it seems to me to be particularly likely to occur where extra-transference interpretation is excessively or exclusively resorted to. The means of preventing it, and the remedy if it has occurred, lie in returning to transference interpretation at the point of urgency. For if we can discover which of the material is ' immediate ' in the sense I have described, the problem of stratification is automatically solved ; and it is a characteristic of most extra-transference material that it has no immediacy and that consequently its stratification is far more difficult to decipher. The measures suggested by Reich himself for preventing the occurrence of this state of chaos are not inconsistent with mine ; for he stresses the importance of interpreting *resistances* as opposed to the primary id-impulses themselves—and this, indeed, was a policy that was laid down at an early stage in the history of analysis. But it is, of course, one of the characteristics of a resistance that it arises in relation to the analyst ; and thus the interpretation of a resistance will almost inevitably be a transference interpretation.

But the most serious risks that arise from the making of extra-transference interpretations are due to the inherent difficulty in completing their second phase or in knowing whether their second phase has been completed or not. They are from their nature unpredictable in their effects. There seems, indeed, to be a special risk of the patient not carrying through the second phase of the interpretation but of projecting the id-impulse that has been made conscious on to the analyst. This risk, no doubt, applies to some extent also to transference interpretations. But the situation is less likely to arise when the object of the id-impulse is actually present and is moreover the same person as the maker of the interpretation.[32] (We may here once more

[32] It even seems likely that the whole possibility of effecting mutative interpretations may depend upon this fact that in the analytic situation the giver of the interpretation and the object of the id-impulse interpreted are one and the same person. I am not thinking here of the argument

recall the problem of ' deep ' interpretation, and point out that its dangers, even in the most unfavourable circumstances, seem to be greatly diminished if the interpretation in question is a transference interpretation.) Moreover, there appears to be more chance of this whole process occurring silently and so being overlooked in the case of an extra-transference interpretation, particularly in the earlier stages of an analysis. For this reason, it would seem to be important after giving an extra-transference interpretation to be specially on the *qui vive* for transference complications. This last peculiarity of extra-transference interpretations is actually one of their most important from a practical point of view. For on account of it they can be made to act as ' feeders ' for the transference situation, and so to pave the way for mutative interpretations. In other words, by giving an extra-transference interpretation, the analyst can often provoke a situation

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mentioned above—that it is easier under that condition for the patient to distinguish between his phantasy object and the real object—but of a deeper consideration. The patient's original super-ego is, as I have argued, a product of the introjection of his archaic objects distorted by the projection of his infantile id-impulses. I have also suggested that our only means of altering the character of this harsh original super-ego is through the mediation of an auxiliary super-ego which is the product of the patient's introjection of the analyst as an object. The process of analysis may from this point of view be regarded as an infiltration of the rigid and unadaptable original super-ego by the auxiliary super-ego with its greater contact with the ego and with reality. This infiltration is the work of the mutative interpretations ; and it consists in a repeated process of introjection of imagos of the analyst—imagos, that is to say, of a real figure and not of an archaic and distorted projection—so that the quality of the original super-ego becomes gradually changed. And since the aim of the mutative interpretations is thus to cause the introjection of the analyst, it follows that the id-impulses which they interpret must have the analyst as their object. If this is so, the views expressed in the present paper will require some emendation. For in that case, the first criterion of a mutative interpretation would be that it must be a transference interpretation. Nevertheless, the quality of urgency would still remain important; for, of all the possible transference interpretations which could be made at any particular moment, only the one which dealt with an urgent id-impulse would be mutative. On the other hand, an extra-transference interpretation even of an extremely urgent id-impulse could never be mutative—though it might, of course, produce temporary relief along the lines of abreaction or reassurance.

in the transference of which he can then give a mutative interpretation.

It must not be supposed that because I am attributing these special qualities to transference interpretations, I am therefore maintaining that no others should be made. On the contrary, it is probable that a large majority of our interpretations are outside the transference—though it should be added that it often happens that when one is ostensibly giving an extra-transference interpretation one is implicitly giving a transference one. A cake cannot be made of nothing but currants; and, though it is true that extra-transference interpretations are not for the most part mutative, and do not themselves bring about the crucial results that involve a permanent change in the patient's mind, they are none the less essential. If I may take an analogy from trench warfare, the acceptance of a transference interpretation corresponds to the capture of a key position, while the extra-transference interpretations correspond to the general advance and to the consolidation of a fresh line which are made possible by the capture of the key position. But when this general advance goes beyond a certain point, there will be another check, and the capture of a further key position will be necessary before progress can be resumed. An oscillation of this kind between transference and extra-transference interpretations will represent the normal course of events in an analysis.

Mutative Interpretations and the Analyst

Although the giving of mutative interpretations may thus only occupy a small portion of psycho-analytic treatment, it will, upon my hypothesis, be the most important part from the point of view of deeply influencing the patient's mind. It may be of interest to consider in conclusion how a moment which is of such importance to the patient affects the analyst himself. Mrs. Klein has suggested to me that there must be some quite special internal difficulty to be overcome by the analyst in giving interpretations. And this, I am sure, applies particularly to the giving of mutative interpretations. This is shown in their avoidance by psycho-therapists of non-analytic schools; but many psycho-analysts will be aware of traces of the same tendency in themselves. It may be rationalized into the difficulty of deciding whether or not the particular moment has come for making an interpretation. But behind this there is sometimes a lurking difficulty in the actual *giving* of the interpretation, for there seems to be a constant

temptation for the analyst to do something else instead. He may ask questions, or he may give reassurances or advice or discourses upon theory, or he may give interpretations—but interpretations that are not mutative, extra-transference interpretations, interpretations that are non-immediate, or ambiguous, or inexact—or he may give two or more alternative interpretations simultaneously, or he may give interpretations and at the same time show his own scepticism about them. All of this strongly suggests that the giving of a mutative interpretation is a crucial act for the analyst as well as for the patient, and that he is exposing himself to some great danger in doing so. And this in turn will become intelligible when we reflect that at the moment of interpretation the analyst is in fact deliberately evoking a quantity of the patient's id-energy while it is alive and actual and unambiguous and aimed directly at himself. Such a moment must above all others put to the test his relations with his own unconscious impulses.

Summary

I will end by summarizing the four main points of the hypothesis I have put forward :

(1) The final result of psycho-analytic therapy is to enable the neurotic patient's whole mental organization, which is held in check at an infantile stage of development, to continue its progress towards a normal adult state.

(2) The principal effective alteration consists in a profound qualitative modification of the patient's super-ego, from which the other alterations follow in the main automatically.

(3) This modification of the patient's super-ego is brought about in a series of innumerable small steps by the agency of mutative interpretations, which are effected by the analyst in virtue of his position as object of the patient's id-impulses and as auxiliary super-ego.

(4) The fact that the mutative interpretation is the ultimate operative factor in the therapeutic action of psycho-analysis does not imply the exclusion of many other procedures (such as suggestion, reassurance, abreaction, etc.) as elements in the treatment of any particular patient.

ORAL EROTISM IN PARAPHRENIA
FACTS AND THEORIES

BY

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AMSTERDAM

I

In 1919 Stärcke and von Ophuijsen published their well-known theory on the subject of paranoid delusions. It was based on clinical observations and was as follows : that in many cases the patient's sensation of being persecuted represents a working-over of sensations produced in the rectum by the contents of the bowel. A number of other writers confirmed these observations, but unfortunately very few cases have been published in sufficient detail. We have, however, had many reports of remarks made by such patients, which had to be taken as *indications* of this mechanism. Before regarding its existence as fully *proved* we must be able to demonstrate the following points[1] : (1) engrams dating from the period of the child's training in cleanliness which betray the influence of a marked degree of anal erotism ; (2) the identification of the subject's own body with excrement ; (3) the identification of the person who looked after him (or of the persecutors) with excrement ; (4) the identification of his own body with that of the person who looked after him or with the substitutes for such a person (the persecutors). I myself was able to publish a detailed account of a case of senile paranoia in which all these conditions were fulfilled[2] and to demonstrate the presence of the majority of them in the case of a second patient, who suffered from dementia paranoides. Unless we have evidence of all these characteristic points, the mechanism in question must be regarded as merely a probability. As I said, only a very few cases have been published in which its existence was completely proved, but there are on record a very much larger number of cases containing various indications of it. In reading through the psycho-analytical literature on the subject, I found such indications in 33 cases of paraphrenia.[3] (Of course, the criteria enumerated are not all of equal cogency as evidence of its existence.)

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[1] I have taken these points, with some slight modification, from Stärcke's article : ' The Reversal of the Libido-Sign in Delusions of Persecution ', this JOURNAL, Vol. I, 1920.

[2] *Streven en Waarneming bij paranoide Psychosen*, de Bussy, 1929.

[3] In this article I include under the term ' paraphrenia ' the various delusional psychoses which psychiatry still differentiates as dementia

Now within the last few years a number of cases of *oral* delusions of persecution have been described by Bychowski,[4] Kielholz,[5] Weiss,[6] Kempf,[7] Nunberg[8] and myself.[9] The mechanism of this oral delusion is the subject of the present paper.

These cases, again, have not all been described in as full detail as is desirable. What is certain is that the mechanism presupposes either a peculiar intensity of early infantile oral erotism or else a disturbance in its development ; and we find this condition fulfilled in the case of a very large number of paraphrenics. This fact suggests from the outset that the mechanism under discussion is of frequent occurrence, but I hope to show that it is probable that oral erotism plays an even greater part in paraphrenia than has hitherto been generally perceived. That part, we shall find, is not limited to contributing, like anal erotism, to produce the feeling of persecution, and to giving an oral *aim* to the libido (which, as we know, is always directed in paraphrenia to homosexual *objects*).

If we study the material published by analysts on the subject of paraphrenia, we are surprised to find how frequently they mention some particularly striking point in connection with the patient's oral-erotic tendencies. Eating, drinking and other oral functions often constitute an integral part of his delusion. I discovered no fewer than 57 cases in which oral erotism obviously played a special part (22 of these belonged at the same time to the 33 cases I have already mentioned, in which there were marked anal-erotic traits). It is remarkable how frequently the persecution is conceived of as a cannibalistic threat.[10] Often the patients declare that they themselves eat other

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paranoides, Kraepelin's paraphrenia and paranoia. Analytical research has shewn that these three forms of delusional psychosis are akin to one another.

[4] 'A Case of Oral Delusions of Persecution'. This JOURNAL, Vol. XI, 1930.

[5] 'Giftmord und Vergiftungswahn'. *Internationale Zeitschrift für Psychoanalyse*, Bd. XVII, 1931.

[6] 'Der Vergiftungswahn im Lichte der Introjektions-u. Projektionsvorgänge'. *Internationale Zeitschrift für Psychoanalyse*, Bd. XII, 1926.

[7] *Psychopathology*, London, 1921.

[8] 'Über den katatonischen Anfall'. *Internationale Zeitschrift für Psychoanalyse*, Bd. VI, 1920.

[9] *Op. cit.*, Part II.

[10] I have heard several patients say : 'People eat bits of my body'.

people, or parts of other people, that they come across sperma, blood or fragments of bodies in their food, and frequently hallucinatory voices accuse them of cunnilingus or fellatio, of cannibalistic or gastronomic tendencies.[11] A considerable part of their delusion may be summed up in the formula : *they eat and are eaten.* Generally, too, it is plain that it is their homosexual objects whom they eat or by whom they are eaten. Both obvious symbols and more curious ones represent that the feeling of being persecuted is chiefly connected with the mouth. The delusion of being poisoned is probably the commonest form of this feeling. Again, the idea, so frequently met with in such patients, that people spit at them, is certainly not to be understood as merely indicating that the victims of the delusion feel themselves despised : it is rather a specific manifestation of a (negatived) striving after oral contact. The same applies to the idea, met with in these patients, that everyone puts out his tongue at them. When once we begin to notice the point, it is astonishing how often they mention that people pursue them from cafés and restaurants, or spy upon them there ; or how frequently it happens that it is in a confectioner's shop that they first realize that they are being persecuted. Women patients from Leyden have several times surprised me by telling me how electric power was brought to bear on them from a certain well-known jam-factory in that city. Often the subject attempts to sublimate his oral erotism. One of Kempf's patients,[12] a man of learning, who cut off his penis and afterwards felt himself to be influenced through his mouth, wrote an excellent treatise on the origin and use of words. Kempf is probably right in regarding this as an attempt by the patient to sublimate his oral erotism. My patient D., when at the beginning of her psychosis she felt unwell (' she could not get her feelings away from her femininity '), tried to cure herself by smoking several boxes of cigars. We have no doubt similar attempts at sublimation in one of Geier's patients (No. 4) who spent his money on feeding-centres for children, and in the case of another (No. 2) who wanted to inaugurate food-reforms.[13]

I have been even more struck by the fact that, in the cases described

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[11] We know that what is called ' gastro*nomy* ' is often really ' oralo*nomy* ', for it is often rather the mouth than the stomach which lays down ' the law of eating '.

[12] *Psychopathology*, Case P.D. 1.

[13] ' Zur Lehre von der Paranoia '. *Zeitschrift für die gesamte Neurologie und Psychiatrie*, Bd. 79.

in detail in non-analytical literature, I have constantly discovered the same preponderance of symptoms indicating unusually strong orality. When, on the other hand, for the sake of comparison, I read through several series of detailed records of patients with other psychoses: epilepsy, hebephrenia, and catatonia and searched for similar symptoms, I either did not find them at all or else they were present to an incomparably lesser extent.

The following are samples of cases taken from well-known non-analytical works on the subject of paraphrenia (paranoia, dementia paranoides):

(*a*) From Krueger: 'Zur Frage nach der nosologischen Stellung der Paraphrenien'. *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 1928:

Case 1. The patient declared that she was given pills in her coffee which had the property of violating and murdering her. [German '*Lustmordpillen*'. *Lustmord* = murder preceded by rape.] She ceased to take an interest in anything but sweets and an occasional small glass of wine.

Case 2. Delusion of poisoning. The illness began with the patient's expressing her belief one day that a lady of her acquaintance had deliberately spat out in front of her.

Case 3. The man whom the patient believed to be subjecting her to erotic persecution sent her a cake and 'it worked on her spirits' for months after she had eaten it.

Case 4. The patient suffered from a delusion of poisoning; would hold a handkerchief to mouth and nose; said that the butter tasted of dog's fat.

Case 8. The suggestions of persecution began in a confectioner's shop; the patient felt a change come over her after drinking a cup of coffee. Later, she believed herself to be persecuted by the head-nurse, who, she declared, administered 'harlot's powders' to her, and wanted to transfer her own pregnancy to the patient.

(*b*) From Westerterp: 'Prozess und Entwicklung bei verschiedenen Paranoiatypen'. *Zeitschrift für die gesamte Neurologie und Psychiatrie:*

Case 1. The patient, whose father and grandfather drank, played the flute in a military band (thus achieving some artistic expression of the oral erotism which, in the father and grandfather, led to drink). He said that, when he asked for a new flute, the authorities made enquiries about him and received a bad report. Since then, he had been persecuted and people spat out in front of him.

Case 2. The patient, before the outbreak of the psychosis, fell into a state of depression, which he cured by moderate smoking. (Here we have a counterpart to my patient D., who tried to avert the psychosis which threatened her by heavy smoking.)

Case 3. The patient was a stammerer. He wanted to take certain pills in order to overcome his constipation and pollutions. He said that people prevented him from getting the pills.

Case 5. The patient displayed his oral erotism even at a distance, for he arrived at the clinic armed with a sugar-basin. He wanted us to examine the sugar and see whether his son had put poison in it. Originally he had had a tobacconist's shop, then he had sold wines and liqueurs and, after that, he had become a fruiterer. Later, he was obliged to take work in an office, and the new surroundings provided less gratification for his oral erotism. He began to suffer from heartburn, constipation and loss of appetite ! He was in the habit of writing to all the big newspapers and exhorting them to print on the first page such maxims as ' Drink no alcohol ! ' This patient improved and went home, but he then declared that he was badly treated : ' They gave him hard-boiled eggs, when he wanted them soft, and sour, cheap oranges, and often his food was cold, etc.'

Case 7. The patient had a tainted heredity, various members of his family having been alcoholics.

Case 8. A similar family-history to that of Case 7. The patient himself was intolerant of alcohol. He had delusions of jealousy, first in reference to a fishmonger and then to a butcher. He wanted to drown himself.

Case 9. The patient, whilst also having a positive fixation to her mother, always felt that the latter hindered her eating.

(*c*) From Bleuer : *Affektivität, Suggestibilität und Paranoia*, 1926.

Case I. The patient's brother drank ; her father kept a ' delikatessen ' shop.[14] After a time, she herself left the shop, in order to help her mother make cream bonbons and cakes. She declared, however, that customers came to the shop only as a pretence and that nobody now wanted to buy their things, in the preparation of which she

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[14] Of course, the mere fact of a person's being employed in a catering business does not mean much in itself. It may be important when, like Westerterp's patient No. 5, anyone feels uneasy unless so employed, or when a woman chooses, for instance, the profession of teaching languages, as in Ewald's second case.

became more and more finicky. She had the delusion that a man, whom she believed to be a drunkard, said that she did not deserve to be fed. When a baker burnt a cake which they had given him to bake, she said he had done it to shew that she did not do things properly.

Case II. The patient's father drank, and for some years the patient did the same. When much agitated, he stammered. He alleged that at the public-house he was accused of having committed a crime. He used to romance about a lady whom he loved and who, he said, had been poisoned.

Case III. The patient's father and grandfather drank. For a short period he did the same, and also became a heavy cigar-smoker.

Case IV. The patient was accused of drinking. (Whether a person is himself an alcoholic or has an alcoholic taint in his heredity, suspects himself of drinking mania or, as in Case I, imagines that he is persecuted by a drunkard is immaterial for our purpose : all are equally important, for all point to marked oral erotism.)

(*d*) From Ewald : 'Das manische Element in der Paranoia'. *Archiv für Psychiatrie und Nervenkrankheiten*, 1925 :

Case I. Delusion of persecution. The patient believed that remarks were being made about him during dinner at a hotel. He went for a bicycling-tour, and, as he was resting at an inn, he thought that, again, people were jeering at him. Afterwards he had his meals brought to his own room.

Case II. The patient—a teacher of languages [15]—took every conceivable nostrum against cancer.[16] Subsequently, she tried to commit suicide by drinking lysol. She thought that the milkman [17] used to whisper things about her. Later, she declared that people were trying to poison her and that they had put something in her cocoa to make her seem pregnant ; they gave her salad and acid foods in order to prevent her period. She demanded corrosive sublimate, so that she might kill herself. She talked incessantly.

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[15] This was diagnosed by others as a case of melancholia, which, as we know, would also fit in with the oral-erotic characteristics.

[16] 'The idea of being eaten up by an "introject" causes many neurotics to have such a dread of the mysterious disease of cancer', says Fenichel (*Perversionen, Psychosen, Charakterstörungen*). Orality may thus also be an element in this fear.

[17] Many paraphrenic patients select the milkman as their persecutor. I have observed this myself in various cases and colleagues have testified to the same fact.

Case III. A history of alcoholism in the family. The patient himself as a student was also given to drinking. He declared that, at the Holy Communion, people said that he approached the Lord's table unworthily.

Case IV. The patient's father drank. When the psychosis began, the action of the bowels became sluggish and there was loss of appetite. He said he had had ' a horrible experience ' : a man who used to sit at the same table as himself at the restaurant where he took his meals made the waiter bring in the dead duck which they were going to eat roasted. Delusion of poisoning. Whenever the patient wanted to eat he found it impossible to take a deep breath.

Case V. The patient was offended because, one morning, he found his wife having coffee and cakes with two other women. On one occasion, when he found his wife's family at table, he believed that his father-in-law was drunk. He declared that the latter poured beer over his wife. Other things he refrained from saying : ' he swallowed them all down '. He asserted that his wife gave the good things to eat and drink to other people instead of to him. He knocked out several of her teeth. In the clinic he would blow a trumpet till late at night and begin again about 4 a.m.

Case VI. The patient had a druggist's business. His father drank towards the end of his life. Later, the patient became a traveller in spirits, but gave this up ' because he could not stand alcohol '. Two pints of bilberry-wine put him into an exalted state and made him go wild. He was afraid of being poisoned with milk (*v.* footnote to Case II) and asked for lemonade.

In quoting from these cases I have selected only such material as comes under the heading of orality. Possibly I have included some points which, in the case in question, have no oral significance at all and occurred ' only by chance '. There may also be certain features, besides those which I have mentioned, which would strike other observers as significant. But what is certainly not unimportant is that we find here such an extraordinary number of oral indications.

Ewald's Case II clearly shews how readily the subject's mind may pass from the constant taking of medicine to save his life to the taking of poison with suicidal intention and the delusion of being poisoned or rendered pregnant orally. To our conscious thought these ideas seem entirely different from one another, but, fundamentally, in the unconscious, they stand in an extraordinarily close relation to one another, as being all manifestations of excited oral erotism. If, moreover, we

get these manifestations in a teacher of languages who is incapable of holding her tongue, the over-emphasis of the oral zone is surely obvious. The constant recurrence of such indications in the various forms of paraphrenia inevitably leads to the conclusion *that in paraphrenics the mouth is in a state of peculiar excitation.*

I have already said that, if we are to give these data their full weight, a comparison must be made with a similar series of patients, suffering from other diseases: we shall find that, there, the indications of heightened oral erotism are invariably much slighter or else of quite a different type. I will return to this point at the end of my article.

It is important to bear in mind that all the material I have cited was taken from the records of non-analysts and that the patients in question had not been analysed. It follows that in the preparation of their case-histories there was no question whatever of any special attention being paid to the details which concern us here. It is true that inquiries are generally made as to alcoholism in the patient's personal or family-history (because it is held that alcoholic poisoning may be one cause of the disease). This is a point which certainly interests us too, because we see in the tendency to drink an indication of a constitutionally heightened mouth-erotism. But, besides alcoholism, there are so many other indications of oral erotism of which no systematic mention is made in case-histories, because the old-fashioned psychiatrist hardly concerns himself with them. Smoking, nibbling sweet things, the chewing of gum or tobacco, ' pleasure-sucking ', nail-biting, teeth-grinding, whistling, playing the flute, stammering—all these are points which should be looked out for in this connection. In the circumstances, it remains remarkable that so much of importance was to be found in these records.

One of our authors, however, has paid closer attention to these points, namely, Kempf in his *Psychopathology*. This work contains a large number of detailed case-histories of paraphrenics. In the first place he confirms and substantiates the view that in every case of a delusion of poisoning, and wherever special importance is attached to eating, a state of acute oral-erotic excitation is present.[18] ' A further careful investigation of the meaning of " poison ", " filth ", " dope ", " drugs ", " stuff ", " something in the food ", " cream ", " powder ", " saltpetre ", in a series of over 200 cases, established the probability that in every instance in which a patient seriously complains that *food*

[18] *Op. cit.*, p. 480.

has a mysterious, or hypnotic, or erotic influence upon him, it is due to the fact that the food acts as a stimulus to pernicious oral erotic cravings.' And he further adduces abundant material to shew how, again and again, the delusion of persecution is found to be based on the idea of persecution on account of homosexual oral erotism, and how ideas and hallucinations of poisoning and of an influence exerted over the head, mouth and jaws are a projection of wishes for oral impregnation. In his records the percentage of patients who specifically accused themselves of *fellatio*, or had perhaps actually practised it before the psychosis broke out, and experienced it directly or symbolically in their delusion and hallucinations is greater than I have found it to be in any other work on the subject. We feel indeed that Kempf's cases might have yielded a great deal more still of important analytical material, especially in connection with the patient's libidinal attitude in infancy, since Kempf often places the main emphasis on the difficulties presented by their *fully established* oral-erotic homosexuality in later life. Nevertheless, this regular occurrence of mouth-erotism directed towards homosexual objects and the obviously pathogenic significance which the subject's defence against his oral erotism has for the production of paraphrenia are of great importance for us. Although we too have reached the conclusion that orality is a powerful causal factor in the genesis of delusion, we found that the reason lay rather in typical early infantile conflicts and mechanisms. Kempf, however, is dealing more with the later forms into which orality has been worked up, and particularly with such fully sexual manifestations as fellatio and cunnilingus, round which conflicts appear to rage in his cases. The question suggests itself whether racial peculiarities play a part here. It seems as though the actual practice of fellatio were commoner amongst Americans than amongst Europeans, and that, in the former, the oral-erotic genesis of paraphrenia, which has become plain to us among Europeans too, is relatively much more obvious still. I shall return to this point later.

From the observations quoted so far we may conclude that in paraphrenics there is a relatively far greater predominance of orality, elaborated in various forms, than in average normal people and persons suffering from other psychoses and neuroses. But we must qualify this statement by adding that, as we know, there is a similar preponderance of orality in manic-depressive psychotics and probably in many healthy persons of the cyclothymic type. Of course, a large number of paraphrenics have another feature in common with manic patients in

particular: the fusion of ego and ego-ideal is characteristic of mania no less than of megalomanic paraphrenia. But I will not discuss this point now.

The first clinical psychiatrist to contend that paranoia had affinities with mania was Specht.[19] Many other writers have since drawn attention to the relationship between the two diseases, and particularly Ewald.[20] The latter has, however, shewn that, in the genesis of paranoia, a phase of depression created the conditions for the paranoic experience, which thereupon set in, and for the subsequent development of the disease. Thereafter 'the patient pursued his life in this direction with manic vigour'. He found, too, that, in the majority of the cases which he had the opportunity of observing long enough, the character of the patients' whole underlying mood shewed a distinct swing-over, spread over considerable periods. For our purpose these direct observations are, of course, more important than the clinical psychiatric theories with which the writers in question associate them. From other quarters we have some further observations which confirm in a striking manner the affinity between paraphrenia and mania (i.e. in the matter of oral erotism and the ego-ideal situation) which analytical research has clearly revealed. I would mention in especial three groups of these observations:

(1) Not only 'true' paranoiacs, as Specht and Ewald held, but paraphrenics in general display in the majority of cases (indeed, we might say, almost invariably) manic symptoms of a more or less clear nature. As, however, they are very often combined with hypochondriac complaints and anxiety-states and as, moreover, the presence of an elated general mood is not always plain, the element of mania is not always immediately recognized. But, if we look out for other symptoms also, this element is nearly always found to be present: not only is there the characteristic flight of ideas and the constant impulsion to movement but also the typical angry mood. The state of elation and the flight of ideas occur especially in the majority of megalomaniacs.

(2) Kolle's[21] investigation of 'conditions akin to paranoia' revealed a distinct preponderance of the syntonic-cyclothymic group.

(3) Following up the conclusions of Kolle and Mauz, Kretschmer[22]

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[19] *Zentralblatt für Nervenheilkunde*, 1908.

[20] *Loc. cit.*

[21] *Die primäre Verrücktheit*, 1931.

[22] *Körperbau und Charakter*, 7th/8th Ed., p. vi.

lays special stress on the fact that the physical examination of paraphrenics shews an increase in the number of pyknic traits as the paranoid type of schizophrenia is approached. According to Kolle, arteriosclerosis as the cause of death is twice as common amongst patients in the paranoid group as in the average population ; on the other hand, there is no difference in the proportion of those who die of tuberculosis. This is another point in which the paranoid type approximates more closely to the syntonic-cyclothymic group than to those schizophrenics in whom delusions are less prominent.

From these facts we may conclude that there is an affinity between paraphrenia and the syntonic-pyknic group in general ; in paraphrenics (in fact, we may also say in schizophrenics of the delusional type) we regularly find a constitutional element belonging to the syntonic-pyknic group and generally manifesting itself in the manic form. Now (*a*) Abraham has shewn that the constitutional factor in the manic-depressive group consists of a constitutional heightening of mouth-erotism, and (*b*) we have learnt from our study of paraphrenics how many indications of a constitutionally accentuated mouth-erotism are also to be found in paraphrenia. The conclusion is obvious : schizophrenics of the delusional type are differentiated from other schizophrenics by their *heightened oral erotism*, and this is also the source of the manic symptoms which they display. This view is confirmed by the affinity which exists between the hereditary biological and physical characteristics of delusional schizophrenics and those of the pyknic-syntonic-cyclothymic group, especially if we adopt the view that the constitutional accentuation of oral erotism is of course linked not to manic-depressive *disease* but to a pyknic-syntonic *constitution*.

It may be assumed to be familiar that persons of the pyknic-syntonic group very commonly display a known symptom of oral erotism, namely, a predilection for good food and drink. They make more use of the mouth than other people, both in eating and drinking and also in talking and chattering. H. C. Jelgersma [23] and others have pointed out that this oral-erotic predisposition is also represented physically in persons of the pyknic type by their large, broad lower jaw.[24] The size of the jaws, lips and mouth certainly indicates the

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[23] *Over de Genese van Waandenkbeelden*, 1926.

[24] Sigaud, in characterizing his '*type rond digestif*', which resembles Kretschmer's ' pyknic ' type, specially notes not only the broad lower jaw but also the large mouth and thick lips.

force with which the mouth imposes on the stomach and the rest of the body the ' law of eating '. Another important point in this connection is that an exceedingly large percentage of alcoholics (who, as has been shewn by Weyl [25] and others, are characterized by an accentuated oral erotism) are of the pyknic type ; amongst his own cases Schönfeld actually puts the proportion as high as 95 per cent.[26] Again, it is remarkable how frequently paranoiacs and paraphrenics have a family history of alcoholism (so that attempts have naturally been made to find the cause of the disease in alcoholic poisoning of the germ-plasm), whilst, further, in the anamnesis of paranoiacs themselves we often meet with the craving for drink (it is particularly common in patients suffering from delusions of jealousy ; Gausebeck [27] found it in more than a third of 90 cases). Similarly, paraphrenics often have the delusion that they are falsely accused of dipsomania, or else, as we have seen, alcohol is worked up into their delusional ideas in some other form. When now we consider all these facts, we must surely draw the conclusion that the genesis of the delusional state does not depend on the toxic injury sustained through alcohol but that it is a constitutionally heightened oral erotism which (1) manifests itself as alcoholism in the patient or his relatives, (2) is outwardly recognizable in the pyknic facial type, (3) may produce manic (or possibly cycloid) traits, and (4) is a factor in the genesis of paraphrenic delusions.

Before entering further into the question of the part played by this oral erotism in the genesis of the paraphrenic delusions I must go back for a moment to a point which I mentioned when speaking of Kempf's observations, namely, that oral erotism appears even more marked in Americans than in Europeans.

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[25] *Over Alcoholzucht*, 1927.

[26] *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin*, Bd. 91, Heft 1/3, 1929. This is not in absolute contradiction with Bleuler's and Hoffmann's finding that alcoholics are often of the schizoid type, for there are plenty of cases of schizoid persons of a pyknic type : as, indeed, we often find just in the case of paranoid patients. Moreover, here and in what follows we must bear in mind that syntonic-pyknic and schizothymic-leptosomic peculiarities do not constitute two opposite and mutually exclusive groups of characteristics. Rather, they represent psycho-physical syndromes, which can both be present in a single person, although, of course, when this is so, they often obscure one another to the point of becoming unrecognizable.

[27] *Archiv für Psychiatrie*, Bd. 84.

If there is a difference in physical type between the two, it lies, as we know, in the larger lower jaw of the American.[28] We shall therefore not be surprised if it can be shewn that this physical feature is accompanied by a relatively stronger oral libido and if this manifests itself also in sexual behaviour. And we shall expect to find that this somewhat larger mouth in the average American will have its effect on other activities in which oral erotism plays a part, for example, in talking. We find in fact that in that section of the population which is denoted by the term ' Yankee ' there is a well-known tendency to ' talk big '. Again, we have all the experts in ' American drinks ' ; and the combination of this oral-erotic attitude towards drinking with a strong puritanical repressive tendency accounts for the fanatical struggle over Prohibition.[29] Again, smoking and chewing-gum both originated in America. Here as everywhere else, we see once more that, in order fully to understand the functioning of the organism (the ' person '), we must study the morphology of the organs.

Let us sum up our conclusions so far : In paraphrenics the mouth is in a state of peculiar excitation. Orality, pyknic traits and an element of mania occur regularly in this group. As in mania, the manic symptoms have their origin in an accentuated oral erotism, directed towards objects in the outside world. The pyknic mouth is a constitutional hereditary characteristic of the outward form, which points to a constitutional accentuation of the oral function. The delusions (like the manic symptoms) draw their sustenance from oral erotism.

II

Let us now examine more closely the way in which oral erotism plays its part in the formation of delusions. Once more, it will be best

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[28] Freud writes : ' It will be most valuable of all if we can make our classification on the basis of a regularly occurring combination of physical and mental characteristics '. ' Libidinal Types ', this JOURNAL, Vol. XIII, 1932.

[29] If it be permissible to see in the broad lower jaw the result of an admixture of Indian blood, we may here call to mind the notorious oral-sadistic attitude of the Indians, who, according to ancient records, used to swallow the eyes and tear the flesh of their enemies and who signalized the conclusion of peace by the smoking of the pipe of peace, i.e. by behaviour on the oral (sucking) level of libido. Moreover, it was by means of alcohol that they were ultimately subjugated.

to begin with the delusion of persecution, because this has been studied so far in the greatest detail.

In two cases of female patients, of which I have given a full account, I was able to shew clearly [30] that the persecution which formed the content of their delusions was really an oral castration-phantasy in another guise. In both patients the following points were plain: (1) an identification of the subject with her mother and a homosexual object-fixation to her; (2) a tendency towards eating a part of the mother's body; (3) the idea that certain persons, who were mother-substitutes, ate parts of the patient's body [31]; (4) the situation of the infant at the mother's breast, as a background to these phantasies of eating. In both cases the oral persecution was described as a castration. Now Stärcke [32] was the first to point out that weaning is an important factor in the genesis of the castration complex. It was remarkable that both these patients had the delusion not only of eating portions of the mother's body themselves but also of being eaten by her. (The same feature occurs indeed in many cases published by various authors.)[33] As they both clearly identified themselves with their mothers it was obvious that the phantasies of eating and being

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[30] *Op. cit.*, Part 2, Cases C. and D.

[31] Both these patients regarded themselves and their mothers as an aggregation of eatables. In a dream C. saw her own body as a cart loaded with jelly-pots, and she had a delusion about a cow, which she said was her mother. She declared that she had lived for several years in its body, which still yielded her milk and things to eat. D. had a delusion about a 'country estate', which symbolized both her own body and that of her mother; she said she remembered the 'Golden Age of plenty', when pieces of meat came of their own accord and they used to fetch the fat peasants from the upper provinces to help to eat them up, an age when the delicious Zuyder Zee bloaters were brought to Briel. (This town was her birth-place and among other things symbolized the mouth, but at other times represented the vagina.) Both patients thought that at the Clinic they were given human flesh to eat.

[32] 'The Castration Complex', this JOURNAL, Vol. II, 1921.

[33] In 'Female Sexuality' (this JOURNAL, Vol. XIII, 1932) Freud also finds as the germ of subsequent paranoia in women the dread of being killed (devoured ?) by the mother, and he assumes that this anxiety relates to the hostility to the mother developed by the little girl in consequence of the many frustrations she has to undergo while being trained and tended in bodily matters.

eaten existed side by side and also had undergone condensation with one another.[34]

The withdrawal of the mother's breast (termed by Stärcke the ' primal castration ') produces a condition of excitation in the mouth and evokes a reinforced tendency to employ that organ against the mother's body, or possibly the subject's own (in the shape of sucking or biting the fingers). No doubt this oral excitation lays the foundation for the later feelings of being poisoned. As Kempf and others have found, to imagine oneself poisoned is certainly a symbolic expression for being libidinally stimulated or excited in the mouth. The word *venenum* = poison is indeed derived from Venus and originally meant a love-philtre. We see, then, that the infantile situation of weaning produces a single state of excitation which later may develop variously into oral love, ideas of poisoning or castration-phantasies.[35] The psychology of language provides us with a parallel in the root : ' *lubja* ', from which are deribed the Dutch word ' *lubben* ' = to castrate, and the Old English ' *lybb* ' = poison or magic charm,[36] both of which are related to the root ' *liufs* ' = dear, loved.

The action of weaning as a primal castration may thus give rise to ideas of persecution (especially phantasies of being threatened with castration or actually being castrated). This was the case with my patients. It is in general seen most clearly when the persecution takes the specific form of poisoning or shews other features connected with the function of the mouth.

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[34] In C. in particular the oral mechanism was partly concealed under the wish to bite off the man's penis and incorporate it in herself. Here the same thing applies as Fenichel describes in reference to similar wishes entertained by non-psychotic persons. (*Perversionen, Psychosen, Charakterstörungen*, 1931, p. 49.) He shews how the aim of stealing the penis often rests on a substructure of pregenital ideas of stealing fæces and milk, and how these pregenital wishes have been transferred from the mother to the father. ' I want to steal the inside of my mother's body and orally destroy it ' is perhaps the most profound expression of this striving, to which Melanie Klein in particular has called attention.

[35] Which of these developments takes place depends on the oral phase the infant is in at the time of weaning. In Stärcke's cases the subjects were in the first stage, that of sucking, whereas in mine (and in that quoted by Bychowski) they were in the main in the second phase, that of biting. In the patient C. this manifested itself chiefly in phantasies of biting off and swallowing a *glans penis*.

[36] Sigmund Feist : *Etymologisches Wörterbuch der gotischen Sprache.*

In many respects my case C. closely resembles the male case described by Bychowski,[37] and his summing-up would apply to C., word for word : ' The patient's libido had evidently undergone fixation at the oral level, oral sadism being a particularly noticeable feature. . . . Now, if we examine the meaning of what he told us about himself and also of the content of his ideas of persecution, we see that it all really has reference to the mother. It is she who is " sucked dry " by the child. All the effects which the patient experienced in his bodily sensations from the influence of his fellow-creatures simply stand for the changes which take place in the mother's breast when she suckles her child. . . . It is as if we saw before our eyes a gigantic repetition of the frustrations and reactions experienced during the suckling period.' He then goes on to describe how the mother was no longer she who bestowed, but she who robbed, and he shews how the patient ' felt he was threatened with a loss which signified simultaneously castration and oral frustration. He came to regard milk as a universal vital substance and the whole body as a breast, so that, finally, it all seemed exposed to the same persecutions.'

Now there are two points which we must keep in mind here : In the first place, it is not asserted that a fixation to the oral libidinal phase is the only cause of the delusion of persecution. The libido may proceed with its development to later phases and, only after these have been reached, some conflict may arise for which no solution can be found (e.g. in paraphrenics, an attempt at defence against reinforced homosexual tendencies), causing the subject to regress to the fixation-point of his primitive orality. And, secondly, the *best* psychotic solution is only found in the *construction of a delusional system*, and it is *precisely in the true delusional psychoses* that we have found orality to be predominant, whereas passing ideas of poisoning and persecution crop up at times in almost all psychoses. There is, moreover, scarcely a case of true paraphrenia without any delusion of persecution ; delusions of jealousy and erotomania may be regarded as modifications of some delusion of persecution, and there are good grounds for holding that, in every paraphrenia, there is either oral castration-anxiety or else there are feelings of being persecuted, derived from anal excitation. Upon this basis some definite, more or less systematized, delusion can then be developed, according to the other elements in the individual constellation. The true paraphrenic delusion, then, is almost always

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[37] *Internationale Zeitschrift für Psychoanalyse*, Bd. XV, 1929.

associated with a relative preponderance of orality, pyknic traits and manic symptoms.

Here let us call to mind the mechanism of mania, as described by Abraham. Speaking of the libidinal situation in this disease he says [38]:

'. . . the individual turns his libido to the outer world with an excess of eagerness. This change of attitude gives rise to many symptoms, all of them based on an increase in the person's oral desires. A patient of mine once called it a " gobbling mania ". This appetite is not confined to the taking of nourishment alone. The patient " devours " everything that comes his way. We are all familiar with the strength of the erotic cravings of the manic patient. But he shews the same greed in seizing on new impressions from which, in his melancholic state, he had cut himself off. Whereas in his depressive phase he had felt that he was dispossessed and cast out from the world of external objects, in his manic phase he as it were proclaims his power of assimilating all his objects into himself. But it is characteristic that this pleasurable act of taking in new impressions is correlated to an equally pleasurable act of ejecting them almost as soon as they have been received. Anyone who has listened to the associations of a manic patient will recognize that his flight of ideas, expressed in a stream of words, represents a swift and agitated process of receiving and expelling fresh impressions. In melancholia we saw that there was some particular introjected object which was treated as a piece of food that had been incorporated and which was eventually got rid of. In mania *all* objects are regarded as material to be passed through the patient's " psychosexual metabolism " at a rapid rate. And it is not difficult to see from the associations of the manic patient that he identifies his uttered thoughts with excrement.'

This description of the libidinal situation in mania is only applicable in part to the picture presented by paraphrenia. Patients suffering from the latter disease either absorb such objects only as will fit in with their delusions, or else they do indeed appear to want to ' swallow ' all objects indiscriminately, but these are then immediately subjected to a process of ' digestion ' which adapts them to the delusion in question. Their flow of thought differs from that of manic patients in being ' secondary ', that is, the delusion remains present throughout as the governing idea. In the associations of paraphrenic patients, too, I

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[38] ' A Short Study of the Development of the Libido ', *Selected Papers*, 1927.

have not so regularly observed the equation of spoken thoughts with fæces ; when it did occur, it was not so much a question of the expulsion of thoughts which the patient equated with fæces as of the desire to take into the mouth something equivalent to fæces, just as, for example, coprolalia is quite plainly a substitute for coprophagy. In the unconscious of manic paraphrenics there persists always the longing for the mother's breast and milk ; in place of these they desire to incorporate other bodily products of the objects which they are seeking to win back, and of such products fæces are from early childhood among those most highly prized in the unconscious.[39] In hypomanic neurotic patients also I have found that the uttering of their thoughts was primarily a symbolic equivalent for the wish to fill the mouth with eatables and to play with them, while sometimes it also signified spitting or squirting out the contents of the mouth.[40]

If now patients with manic traits display such a marked instinctual impulse to talk and if in hypomanic paraphrenics, too, the instinct to clothe their thoughts in words and to utter them is generally so noticeable, we must examine the unconscious instinctual forces which govern such speech. In the main, observers will be agreed as to the facts : a condition of libidinal excitation of the whole apparatus of speech, especially of the mouth and its mucous membrane, compels the subject to use these organs and urges him to establish contact by means of his mouth with the libidinally cathected external world. Speech is a

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[39] A very important point to bear in mind is that speaking signifies at one and the same time the taking of something into one's mouth and the expulsion of something from it. Whilst the latter is often connected with an anal mechanism, displaced upwards, in the former the main stress falls on the gratification of oral erotism. Since in the case of coprophilia one is often inclined to think first and foremost of anal erotism, it is necessary to emphasize that the desire to take fæces into the mouth has often no more to do with anal erotism than has the desire to drink blood or wine. On the other side, anal introjection is frequently over-determined by oral introjection-wishes.

[40] Fenichel is right when he says (*Perversionen, Psychosen, Charakterstörungen*, p. 124) : ' The orally fixated person uses objects as a means of preserving his self-feeling. His narcissistic needs are greater than those of the normal person and his self-feeling requires to be fed from without. Obviously, this sustenance from outside for which he longs is some sort of derivative of the milk which the sucking infant needs to receive from without in order that he may be satisfied '.

sublimated manifestation of mouth-erotism. In *stammering* we can observe the disturbing influence of the pregenital tendencies which in normal thinking are harmoniously sublimated. As Fenichel points out,[41] their true oral expression would run as follows : ' I want to be able to devour as much as grown-up people do ', and this ' is often a defence against the opposite, passive dread : I don't want to be eaten up by grown-up people. As a rule, these ideas are, of course, regressive distortions of thoughts belonging to the Œdipus and castration complexes. The oral component very often reveals itself not only in the uttering but in the taking-in of " words ".' In the paraphrenics whose cases we have examined the whole process could be reduced simply to the formula : ' to devour and be devoured '. This was primarily a regressive elaboration of the paranoiac's struggle of defence against his homosexuality.

There is another point which we must consider somewhat more closely : in manic and hypomanic patients speech in general is *not a consequence of* (conscious or unconscious) *thought*. Rather, the converse is the case : their *thinking* must be regarded as *a consequence of their speech*. We see quite clearly that their train of thought is determined by similarities of sound or by other superficial associations of the nature of a play on words. The primary factor with them is the urgent need to use the organs of speech and, as persons of this type often have a large mouth, they frequently indulge in grand words and acquire a habit of ' talking big ', which closely resembles megalomania. The thoughts of manic patients, however, even though they resemble delusions, can always be clearly differentiated from megalomania proper. Their utterances do not so much issue from an inner drive to establish their attitude to the outside world as from an impulse to make vigorous use of the mouth in speech, and their quasi-delusional ideas are in fact readily abandoned.[42]

Here we have the reason why far fewer detailed and thorough analyses have been carried out and recorded in the case of manic patients than in that of paranoid schizophrenics : *In schizophrenics the most important point is the content of their words, while in manics it is the actual function of speech.* It follows, as every psycho-analyst can observe, that the process of free association of a hypomanic person

[41] *Hysterie und Zwangsneurose*, 1931, p. 159.

[42] Naturally, the manic patient's actual choice of thoughts is governed by his heightened self-feeling ; this must be explained by other factors, but without doubt oral erotism once more contributes to it.

will take an entirely different course from that of a schizothymic patient. It would be worth while to publish detailed records in this connection and to study them at length, but for the moment I must forgo this. Of course, in hypomanics also we can observe the influence of unconscious ideas on the train of associations, but certainly we see far less clearly in their case than in schizothymics the determining influence of the individual complexes, whereas the determining force of the external world as they perceive it and of the sound of words is much stronger.

In hypomanic, paranoid schizophrenics (paraphrenics) we find a combination of the syntonic and the schizothymic attitudes. (It is quite a mistake to think, as is often done, that these are opposed and mutually exclusive : they may very well be united in a single individual, though possibly it is then difficult to differentiate them.) As a rule we are dealing here essentially with a regressive attempt on the subject's part to ward off a homosexual impulse. But while the catatonic schizophrenic gives expression to his conflict in his gestures and the posture of his body, in the oral-erotic paraphrenic it spurts outwards through the function of speech. Under the direction of the complex with which they have to try to deal (and which appears here in far more imperious guise than in manics in the narrower sense) they make use of the possibilities provided by speech of joining together sequences of words and sentences and arriving at quasi-delusional ideas and the habit of ' talking big'. Moreover, they hold more tenaciously to these ideas, which they shew and shew again in their mouths, till they have reduced them all to a more or less homogeneous mass of delusion. Freud has shewn that, in delusions, the patients are striving after a reconstruction of an object which they have lost, and the hypomanic tendency to introduce into the mouth, and so into conscious thought, huge conglomerations of ideas facilitates the reconstructive process. Those who suffer from hebephrenia, ' true dementia præcox ', can do little in the way of reconstruction because they can assimilate little. (This is seen most clearly in Kraepelin's dementia simplex.) For the libido, which in the actual process of the disease has become detached from reality, is brought back to it in words and by means of thoughts embodied in words. *The paraphrenic delusion therefore arises out of the combination of the fundamental schizophrenic process, the attempt at reconstruction and the oral erotism which finds expression also in words.*

There is one objection to this view which might possibly be raised. Are we not, it may be asked, laying too much stress on speech and are

not delusions often formed without any speech at all, by a process in the unconscious, after which they push their way, more rapidly or more slowly, into conscious thought? We must reply by a reference to Freud's notion that relations which have become comprehensible through words form the principal part of our thought-processes and that the cathexis of the ideas of words represents the first of those attempts at recovery or cure which so strikingly dominate the clinical picture of schizophrenia.[43] Freud is here thinking mainly of the peculiarities of speech observed in schizophrenics, but it is obvious that what he says must be applicable to paraphrenic delusions as well. For, since 'relations comprehensible only through words form one of the most important parts of our thought-processes', they will certainly also form the most important part of the thought-process in delusions. And since we hold the cathexis of the ideas of words to be an attempt at cure and have learnt that, just in virtue of the element of delusion, paraphrenia is the 'restitution-psychosis' *par excellence*, in which the thought-processes are most clearly marked and have the strongest libidinal tone, *we cannot escape the conclusion that the attempt at self-cure by means of the delusion must be chiefly directed by the hyper-cathected ideas of words by which the thought-process is determined.*

But how far is thinking in words tied to actual oral speech? This is rather a different question. In the first place, as Freud points out,[44] thinking in words has its origin in our auditory perceptions, i.e. in the function of the ear; the word which is thought is after all the memory-trace of a word that has been heard. (In this connection Freud mentions also the mode of thought which is derived from the function of the eye, i.e. thinking in visual images, but this need not concern us here, as it doubtless contributes much less to the genesis of delusions than, for example, to that of optical hallucinations.) Now we know that people can be divided into different groups according to the type of their thinking: those who belong to the audile type tend rather to hear their thoughts, while those of the motor type feel them in the muscles used in speech. Nevertheless, the utterance of what has been heard is something so indispensable and fundamental in the process of formation of speech that it would more and more seem as if there were good reason for the theories of Watson and other writers who assert that thinking always remains an 'inner or subvocal talking' and

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[43] 'The Unconscious' (1915), *Collected Papers*, Vol. IV.

[44] *The Ego and the Id.*

believe that it is associated with incipient innervations of the muscles used in speech. I cannot assert with complete assurance that this is invariably and necessarily so (as Watson holds), but at any rate it has often been possible to observe that, when people are thinking, their mouths and tongues are almost never completely still. The clearest instances of this are persons who have the habit of talking to themselves and thinking aloud; but, apart from them, there are no doubt also various other people who can observe in themselves that they really think with their mouths.

I once put to my four-year-old daughter such questions as: 'What do you smell with?' etc. After she had answered my other questions correctly, I asked: 'What do you think with?' and she replied without hesitancy: 'With my ears and my mouth'. When she was six and a half, I put to her the question: 'When you want something but haven't said it yet, where is it?' Her answer was: 'In my forehead' (possibly already under the influence of some explanations that had been given her), but she added afterwards: 'I feel it in my throat'. ('What does it feel like?') 'Somehow different, a little bit thick'. Recently my boy, aged three and a half, said of his own accord: 'When I am going to speak out of my head ('*uit mijn hoofd za praten*', his meaning being 'When I want to recite a little song I have learnt by heart'), first of all it makes a kind of noise and then it comes out of my mouth'. He was asked where the noise was, and said: 'Here, in my mouth, in my lips, and if I go "hèhèhè", it comes out *this* way' (pointing with his finger to show the direction). Afterwards he said further: 'You hear that noise with your mouth'.

It is not only in children that we can so plainly observe this dependence of thought on the mouth and the organs of speech: it can also be noted in adults under more primitive conditions than our own. We know that even the Romans used always to read out loud,[45] just like our six-year-olds when they first learn to read; it was not until a later period that the practice of silent reading arose. It is well known that psychopaths often talk to themselves; recently, two such patients (of the pyknic, oral-erotic type) told me that they always read out loud, even when alone.

[45] F. Jacoby and E. Norden (*Die antike Kunstprosa I*, note to p. 6) remark that, in ancient times, thinking was actually regarded not as an interior process but as a conversation of a person with himself. Where oral erotism is accentuated (perhaps regressively), this habit of talking to oneself may reappear.

This hypercathexis of the mouth and other speech-organs and the influence which speech thereby acquires upon thought may also explain how it is that the advocates of a ' work-cure ' sometimes seem right in their view that patients should be set to work without any discussion of their delusions ; for if the libido can be detached from the oral zone where it is lodged and can be diverted into other channels, especially those associated with muscle-erotism, the delusion must wane. In exceptional cases this method does actually succeed.

In the *Psychoanalytische Bewegung*, 1931, there is an abstract of Brill's paper on ' Poetry as an Oral Outlet ' [46] in which I find that he lends some support to this notion. He rightly notes that the poet's preoccupation with words ' is closely related to all other oral pleasures (breast-sucking and other sucking, chewing, the various pleasures of the table, smoking, eating sweets, etc.), and is an expression of the mysteries of oral erotism '. Instructive, too, is the quotation from Musil about the Beduins of the Arabian desert who sublimate their oral erotism in fairy-tales and poems.[47] ' These Beduins, who are in truth perpetually hungry, are almost all of them poets. They are masters in the composition of every sort of fairy-tale and poem, and do not hesitate even at longer poetic works.' And Brill concludes : ' All these examples go to shew that poetry is an oral outlet *which through words and phrases brings a spontaneous state of excitation to discharge.*'

It is a fact that in manic conditions the subject has a characteristic tendency to intoxicate himself with the sound of words (as described above) and to link his conscious thoughts to similarities of word-sounds, and this tendency is closely akin to the poet's attitude of mind. I do not, of course, mean that every manic patient will actually write poems, but it is by no means rare for them (and for paraphrenics) to do so. The paraphrenic's solution of his conflict can best be fixed in the form of ' words and phrases '. Another very important remark of Brill's is the following : ' Just as the infant can only be relieved from his anxiety by the mother's breast, so the poet can only be pacified through a rhythmical expression of pleasurable sounds. Through a secondary elaboration this primitive oral outlet may become a sublimated poetic production or a ridiculous modernistic babble '. But the paraphrenic, a thrall to his complexes, resorts rather to more or less

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[46] *Psychoanalytic Review*, Oct., 1931.

[47] ' The Manners and Customs of the Rwala Beduins '. *Ann. Geographic Soc. Oriental Expl. and Studies* No. 6.

phantastic delusions, delusions which are certainly the offspring of anxiety. We need only think of the anxiety-ridden ' delusional state of mind ' without any definite content, which may precede the occurrence of a delusion, causing the latter to be felt as a liberation. Jaspers is right when he says of these patients [48] : ' Their sufferings are frightful and the mere gain of a definite idea acts like an alleviation. Whenever in life we feel ourselves weighed down, anxious and bewildered, the sudden accession to consciousness of some clear notion (whether this be in reality true or false) has in itself a tranquillizing effect '. Observing this, we can no longer doubt the correctness of Freud's finding that a delusion represents an attempt at reconstruction, and, even if it does not always completely banish anxiety,[49] at least it diminishes it.

Delusions, like poems, are imaginative creations, though mostly of a very poor order, and the patient might adopt for himself those words of Heine's in which the poet compares what he has written with the songs sung by children in the dark to banish their fears : ' Even though my song seem not delectable, it has freed me from alarm ! ' [50]

There remains another question to be asked : Might it not be that a schizophrenic ' intoxication ', or else processes of degeneration *in cerebro* which are characteristic for schizophrenia, provide a physical basis for a regressive accentuation of oral erotism ? And is there any difference in the extent to which oral erotism contributes to paraphrenia and to other forms of schizophrenia in which delusions do not occur ?

That there is a difference can in fact be demonstrated. While it is true that, in the forms of schizophrenia which are free from delusions, oral-erotic traits do also occur, these are always of a very simple nature and only slightly sublimated. For example, the patient may take no interest except in eating and drinking, or he may make up silly sounds and words, which he keeps on repeating, or he may have spasms or other stereotyped movements of the mouth, etc. As always in these

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[48] *Allgemeine Psychopathologie*, 2nd Ed., p. 59.

[49] Psychiatrists who base their views on the conscious mental processes hold that patients suffering from the delusion of persecution experience anxiety because they are persecuted. This is emphatically wrong. The converse is the case : the patient is persecuted because of his anxiety. And amongst the anxiety-ridden those are persecuted in whom there exists, as a predisposition, the anal or oral mechanism already described.

[50] [*Klingt das Lied auch nicht ergötzlich, hat's mich doch von Angst befreit !*]

processes of dementia, the meaning of such symptoms can, when occasion offers, be ascertained and shewn to be connected with infantile experiences. But, as a rule, the oral symptoms do not link up perfectly with all the other modes of expression and attitudes of the patient's entire personality—they do not form a single, intelligible whole such as that which defines itself with increasing clearness when we pass in our scrutiny from dementia paranoides to Kraepelin's paraphrenia and the problematical 'genuine paranoia'. In schizophrenics who are free or almost free from delusions the manifestations of oral excitation are vaguer, less sublimated, less well adapted to the whole personality, or wholly unsubjugated; often they have no object but are of an auto-erotic character. In typical paraphrenics, on the other hand, according to the many and detailed descriptions by analytical writers, we find an oral erotism, with fixation to a homosexual object, which dominates and controls the entire clinical picture: it is the centre of the whole psychosis, the motive force behind the whole delusion. These hypomanic characters with their constitutional overplus of oral erotism, were, even before the disease had developed, more unified, more syntonic than pre-schizophrenic subjects of the leptosomic schizoid type. They are more successful in attaining the reconstructive contact with the outside world which they seek to achieve, after the regressive heightening of their oral erotism, by means of the mechanism which we have discussed. This is probably because they were already accustomed to use their oral function in various ways for their adaptation to reality and, above all, because, when their psychosis developed, they retained more ability to sublimate their oral erotism by constructing coherent ideas of words (i.e. thoughts).

One more question in conclusion: In paraphrenics in general what is the relation between anal and oral erotism, seeing that the former, too, elaborated and transformed as previously described, is an important factor in the genesis of the delusion of persecution? Now, first of all, I must point out that, in his well-known work on the subject, van Ophuijsen is careful to speak only of the '*feeling* of being persecuted', a feeling which he traces back to the anal mechanism, whilst he distinguishes it from the *delusion* of being persecuted. For an actual delusion to develop, there must be added to the factors which he specifies and which I enumerated at the outset the following two conditions: (1) there must be regression of the sense of reality (a matter which I do not propose to discuss here), and (2) the indefinite 'feeling' which van Ophuijsen studied must assume a specific form and must be

brought into some definite association with the outside world. For, in the delusion, the subject knows more or less definitely who persecutes him and for what reason. He views his separate ' experiences ' as parts of a larger whole, a characteristic attitude to which Wälder [51] gives the name ' hypergnosis ', the *differentia specifica* of paranoia. ' In the absence of hypergnosis ', he says, ' the displacement of ego-boundaries is suggestive merely of schizophrenia, never of paranoia '. And again : For hypergnosis ' a hidden connection must be grasped. We might call this a developed perception of " shape ".' [52] This should remind us of the experiments made by some of Kretschmer's followers, in which long words were exhibited to the subject for a few moments only. Persons of the schizoid group never retained more than a few arbitrarily selected letters, while those of the pyknic type seized as large a ' mouthful ' as they possibly could and tried to make sense of it or fit it into a wider context. In the same way, we see that paraphrenics of the more pyknic or at any rate of the more oral-erotic type succeed in combining their *feelings* of persecution (due sometimes more to oral and sometimes more to anal mechanisms) with all sorts of other psychic raw material, so as to form a single, more or less consolidated *delusion*. Purely manic subjects are always ready to ' take into their mouths ' *new* things, whereas paraphrenics try constantly to recapture *the same* feelings and thought-complexes : ' As a dog returneth to his vomit, so a fool returneth to his folly ', might be said of them. ' For any (mental) material to be profitably used, the subject must possess a certain degree of oral aggression ', says Homburger [53] with justice, ' it must be chewed to be digested '.

For most of the readers of this JOURNAL it may well be superfluous, if I recall, for the just understanding of my thesis, the distinction between sexual *aim* and sexual *object*, and point out that I have confined my remarks to the sexual *aim* of paraphrenics. My assumption from the start was that paraphrenia represents in the first place an attempt at defence against the subject's libido directed upon homosexual objects, an attempt which results in the actual morbid process, namely, the detachment of the libido from the outside world. The

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[51] ' Schizophrenic and Creative Thinking ', this JOURNAL, Vol. VII, 1926.

[52] [*Gestalt*, as in the *Gestalt* psychology.—TR.]

[53] ' Triebschicksale im Schulaufsatz', *Zeitschrift für psycho-analytische Pädagogie*, 1931, p. 428.

delusion is then developed as a regressive attempt at reconstruction, and in the formation of the delusion orality plays the part which I have described.

To sum up the second part of this paper : When homosexual libido, which has been detached from external objects, is regressively projected once more into the outside world, it may force its way out either through the anus or the mouth (sometimes through both) and give rise to the feeling of being persecuted. It then finds its goal in the processes of eating and being eaten, experienced by many paraphrenics in their delusion. The thought of persons of the manic type is primarily the outcome of their copious speaking, the libidinal hypercathexis of the mouth and the organs of speech. But in schizophrenics the content of their thought is much more important : the inner complex plays a far greater part in it. Cathexis of the ideas of words represents the schizophrenic's first attempt at recovery, but it is from these ideas of words that his delusional thoughts are formed. Hence the origin of the delusion is twofold : it springs (*a*) from the ' complexes ' which find expression in his words and (*b*) from the hypomanic pressure of thoughts and speech, whereby new ideas and thoughts are perpetually linked on to the ' complex '. The unification of their mental processes is most readily accomplished by those patients who retain the strongest oral erotism but who at the same time remain capable of sublimating it in the tendency to combine feelings, words and concepts, like one huge mouthful, in a systematized, homogeneous tissue of delusion.

'INFECTIOUS' PARAPRAXES

BY

ALEXANDER SZALAI

ZÜRICH

Freud has more than once drawn attention to the familiar fact that parapraxes are highly 'infectious'.[1] I hope to contribute a little to the understanding of this phenomenon of 'infection'[2] by describing and explaining two cases of the kind.

I

I was invited one evening to the house of a certain Herr B. This man is a conceited person, of a petty disposition, who sets great store upon being regarded as a man of culture although he is not in fact very well-informed. When I arrived at his house, a number of guests had already assembled, but others were still to come. In the course of conversation it suddenly occurred to me that I had left my pocket-book in my overcoat pocket. I got up unobtrusively and went into the room where we had left our coats, but it was in darkness and I could not find the electric switch. I was much surprised that the light had already been turned off, when other guests were still expected. I thought to myself: 'Really, this is a mean sort of economy'. (B.'s meanness, which we often ridiculed, had played a part in my forgetting of my pocket-book, but I will not go into the analysis of this parapraxis.) I went back to the other room; the master of the house had observed my absence and came to meet me, asking if I were looking for something. I said: 'I have left something in the other room. Would you show me where the switch is? It is quite mean [German: *kleinlich*] out there—er—that is to say, there is no light' [German: *kein Licht.*] I was horrified at my slip of the tongue, but B.'s expression reassured me; evidently he had noticed nothing and, even if he had noticed, he certainly could not have understood my slip, for he knew nothing whatever about psycho-analysis and would put the whole thing down to chance. To my great astonishment, however, in the course of the evening B. himself made several slips, all of which were obviously a response to my own slip. In giving me a light for my cigarette he

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[1] E.g. Freud: *Introductory Lectures on Psycho-Analysis.*

[2] Cf. Reik: 'Über kollektives Vergessen'. *Internationale Zeitschrift für Psychoanalyse*, VI, 1920.

' accidentally ' struck two matches at once and burnt my hand. This parapraxis is not simply to be interpreted as an act of revenge, though probably the revenge-motive did enter into it ; obviously the unconscious thought behind it was : ' I don't economize in fire (light) ; on the contrary I am so lavish with it that you may even burn yourself '. Later, the conversation was on the subject of Italy. B. said : ' Last summer I bought three *Stromhüte* (*current-hats*) ', meaning, of course, *Strohhüte* (*straw-hats*). [*Strom* = electric or other current. *Stroh* = *straw*.] It is hardly possible fully to understand this last slip without analysing it, but at all events a boast about the use of the current underlies it.

That these parapraxes were aimed at me became quite evident later. B. was speaking about Italian art, of which he knew very little except some famous names, and asserted that he ' did not care for Andrea *Salaino* ; he had such a commonplace style '. It turned out that he could not recollect a single picture by this artist and had probably never seen one. The unfavourable criticism was aimed at me by way of the similarity in the names Salaino—Szalai. Very likely B. had heard the name of this not particularly famous painter somewhere and wanted to work it into his ' art-criticism '; his aggressive feeling towards myself came out in the content of his verdict.

It looks as though B.'s unconscious had immediately interpreted my slip of the tongue and thereupon reacted with parapraxes on its own account.

My friend, D., who was present when both B. and I made our slips, also made a slip of the tongue in speaking to our host : instead of saying ' gas-fire ' [*Heizgas*], he twice said ' miser ' [*Geizha(l)s*] without anyone else noticing it.

II

My second instance is of a rather different type. I wrote a letter to my friend G., in which I betrayed some annoyance. In his reply he said at the end ' However, in your last letter you made a little slip : you forgot to sign your name. I had a good laugh over that '. My friend is well acquainted with psycho-analytical theory and he immediately interpreted my slip, quite correctly, as an act of aggression against himself, comparable to cutting someone in the street. (Actually my omission had another meaning as well, which we may infer from the particular situation when I wrote. It meant ' I do not altogether identify myself with the contents of this letter '.)

The remarkable point in this instance is the following : my friend, who not only noticed but interpreted my parapraxis, himself made several slips in his reply. He misspelt my name on the envelope in a comical way and wished me ' *alles gutte* ' [the correct spelling would be ' *alles gute* ' = ' all the best ']. These were all slips of the pen expressing aggression and derision (his reaction to my own slip).

It appears, then, that it makes no difference whether or not a person *consciously* recognizes the meaning of a parapraxis of which he is the object ; the reaction of the unconscious is the same in either case.

III

These instances, which I selected as the most characteristic from many similar ones, prove that the unconscious of one person can directly understand the utterances of the unconscious of someone else. By this I do not mean that the unconscious can discern the full meaning and determination of another's parapraxis (as a psycho-analyst would understand it after a thorough analysis) ; that is impossible. The unconscious merely grasps the general character of the slip and its most obvious meaning, much as a psycho-analyst may have insight into a parapraxis without knowing the whole nexus of its associations.[3]

It is important to note that the unconscious may also *misunderstand* another person's parapraxis, because it does not know the deeper connections in his mind. I know of several cases in which the reaction of another person's unconscious to a parapraxis which was carefully analysed was incorrect and was based on an obvious misunderstanding.

If we accept the fact that the unconscious can understand the unconscious system of another, we shall not have any difficulty in explaining the ' infectious ' character of parapraxes. The ' infection ' is either an expression of the *reaction* of the unconscious to the utterance of the unconscious of another or else it indicates an unconscious *identification* with that utterance, or, rather, with the thoughts that underlie it.

The hypothesis that one person's parapraxis ' calls the attention ' of another's unconscious to this mode of expressing itself and that the ' infection ' results from this seems to me to have no general validity. For example, it hardly accounts for the fact that a slip of the tongue on my part may, by ' infection ', cause someone else to pick up some

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[3] Cf. Fenichel : ' Zur unbewussten Verständigung '. *Internationale Zeitschrift für Psychoanalyse*, XII, 1926.

object which he did not intend to, as in my instance of the matches. There may be some cases which can be adequately explained by such a notion, but I am sure that there are many more for which this analysis does not suffice.

The theory which I have suggested here may be applied to another phenomenon, namely, the ' infectiousness ' of yawning. Yawning has this point in common with parapraxes : it is an involuntary and, in many cases, a regrettable manifestation. There are two situations which correspond exactly to the two kinds of ' infection '. Two people are talking to each other when suddenly one of them yawns. Sometimes, according to the situation, this implies ' You bore me ' ! In a few minutes the other also yawns. The meaning certainly is ' And *you* bore *me* ! ' Here, the infection is by way of *reaction*. In another case, e.g. when someone yawns during a dull lecture and the yawning spreads through the audience, the infection is based on *identification* with the first manifestation of boredom, which, of course, was again an act of aggression against the speaker. Yawning is not invariably to be deemed a parapraxis, but, while the physiological theory may often suffice to explain the yawn itself, it never accounts for the infection.

The physiological explanation of yawning may perhaps help us in determining the reason why this curious mode of expression—opening the mouth and taking a deep breath—should be selected to indicate boredom and sleepiness. Thoroughly to analyse this phenomenon requires a separate investigation ; here I will only draw attention to the remarkable fact that *boredom* does not enter into our dreams. To my knowledge no one has ever been bored in a dream, and this is in accordance with the circumstance that the end of boredom may be sleep.

PROPHETIC DREAMS

BY

HANS ZULLIGER

ITTIGEN-BERN

Three friends were sitting waiting for a fourth, upon whom, in his absence, the conversation turned. Quite recently, the girl whom he was going to marry had suddenly been taken ill with inflammation of the cæcum and had died. Her fiancé appeared broken-hearted. It was difficult to interest him in anything, he had no longer any heart for his work and nothing gave him any pleasure. As they waited, his friends were discussing how they could rouse him from this state of apathy. Two of the three were planning to climb the Blümlisalp (one of the Bernese Alps, the highest peak of which is called the 'Weisse Frau', 12,000 feet) the following week-end and they intended to ask the fourth to join them. He and his dead fiancée used to be enthusiastic Alpine climbers, and his friends knew that he was specially fond of the Blümlisalp district. It was true that he was now refusing to take part in any amusements, but they hoped to persuade him to join in such a 'serious' undertaking and believed that his delight in the mountains and in the beauty of nature would divert his mind from its sad thoughts.

When he appeared, they suggested the expedition, overcame his hesitation and objections and finally secured his promise to join them.

Two days later he took it back. He put down his change of mind to a dream: He had set out to climb the Jungfrau and had fallen from the Rottalsattel. He was not in general superstitious. This dream, however, had made a singularly strong impression on him and he felt that he must not undertake the climb of the Blümlisalp.

His friends succeeded in persuading him to make another expedition instead, to the safe Gantrisch peak (about 8000 feet). This is one of the foothills of the Alps and is very often climbed, in fact even children can manage it. There is no difficulty of any sort and the expedition is worth making because of the beautiful view.

As the party was coming down, the dreamer slipped, fell over a precipice and was killed.

Anyone knowing of the prior dream can hardly help feeling that it was prophetic. His horrified friends certainly thought so. It seemed too as if the victim of the accident had taken his dream to be a bad omen and a warning, and he evidently gave up the idea of climbing the

' Weisse Frau ' in order to prevent the prophecy of disaster from coming true. ' He had a premonition of his death ', his friends supposed, ' just as, in the war, many soldiers felt convinced beforehand that on a certain day or at a certain hour they would be hit by a bullet ! '

The dream and the subsequent accident lend colour to the belief that there are such things as prophetic dreams. This view is still held at the present day by a large number of the common people, who consult the well-known ' Egyptian ' dream-books when they have had a dream. The belief has persisted from the earliest times and is not easily eradicated from the minds even of educated people. There only has to be one case of a dream ' coming true ', such as I have just narrated, to revive the belief or superstition (and the latter after all is simply a belief) that there is an inexplicable and mystical connection between dreams and future events.

Men have always had the desire to know beforehand something of their own future or that of their friends, or the fate of a country or a people, and throughout the history of mankind attempts have been made to interpret dreams as foretelling what is to come. The interpretations of dreams in the Old Testament are not the only classical examples of this.[1] There has come down to us a dream-interpretation by Artemidoros, which the sage gave to his royal master, Alexander of Macedon. The latter had laid siege to the city of Tyre for a long time without success. Having half made up his mind to withdraw without achieving his purpose, he had a dream in which he saw a satyr dancing on his shield. He himself thought that this dream-picture betokened some sort of mockery, but Artemidoros explained to him that *Satyros* (Greek) meant ' *Sa Tyros* ' (' Tyre is thine '). The king launched a fresh assault and took the town.[2]

In those days the belief in the prophetic nature of dreams was general and people held that all dreams referred in some way to the future. After the ancient art of dream-interpretation was lost, modern science pronounced dreams to be only froth.[3] It was reserved for psycho-analysis to recognize their meaning. But Freud himself in his writings rejects as not proven the notion that dreams can have a

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[1] Lorenz : ' Die Träume des Pharao '. *Psychoanalytische Bewegung*, 1930, Part I.

[2] Freud : *Traumdeutung*.

[3] [German proverb : *Träume sind Schäume* = ' Dreams are froth.'—Tr.]

prophetic significance. In his *Traumdentung* he shews that they are concerned not with the dreamer's future but with his past. It is true that in certain quarters associated with psycho-analysis attempts have been made to prove that dreams have a ' prospective ' tendency. But Freud abides by his view. ' That such things as prophetic dreams exist, in the sense that their content is some sort of representation of future events, is certainly indisputable. What is questionable is whether the prophecy accords in any very striking fashion with what actually happens. I must confess that my own predilection for impartiality leaves me in the lurch here. To believe that any psychical activity, apart from acute logical calculation, should have the capacity to foresee future events in detail, controverts, on the one hand, far too strongly all scientific expectations and, on the other hand, corresponds far too closely to the age-old, familiar desires of mankind, which any critical judgement must reject as unfounded assumptions. My opinion is, therefore, that when one considers the unreliability, irresponsibility, and incredibility of most of these reports, together with the possibility of memory being falsified by emotional influences and the inevitability of a certain proportion of correct correspondences, one may be prepared for the phantom of prophetic dreams vanishing into thin air. Personally I have never undergone or experienced anything which would dispose me to prejudge this matter more favourably.[4]

From Freud's many writings we know how cautious he, our leading authority, is in his statements. We have learnt that he is reluctant to make assertions even in the case of problems whose solution has thrust itself upon him in hundreds of empirical observations and that he really expresses his view only when anything has finally become self-evident for him. We are particularly struck by the caution which governs his statements in the passage that I have just quoted about prophetic dreams. He says that his predilection for impartiality leaves him in the lurch here and he finally declares his opinion as a rather unfavourable pre-judgement.

We may conjecture that in what he says there is an underlying suggestion to his pupils to test the question of prophetic dreams further and to compare his view with any fresh material that comes to light.

This impression is strengthened when, in studying Freud's note

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[4] ' Die okkulte Bedeutung des Traumes ', *Gesammelte Schriften*, Bd. III, S. 181.

above referred to, we find three paragraphs after the passage I have quoted on ' prophetic ' dreams the following sentence: ' One is justified, therefore, . . . in maintaining a sceptical attitude at every point and in giving way before the weight of evidence only with reluctance '.

Let us then apply this spirit to Freud's ' rather unfavourable prejudgement ' concerning the prophetic significance of certain dreams. We will examine material which is fully known and vouched for, and see what we can make of it.

Apparently very few ' prophetic ' dreams occur in psycho-analyses. The literature tells us almost nothing about them. Freud [5] merely shews that none of the dreams that his patients related to him as being prophetic or telepathic could, when more closely examined, substantiate the claim. He has paid special attention to ' telepathic ' dreams, and says that we cannot attribute to telepathic dream-material any other rôle than belongs, for example, to recent memories or those of childhood. He defines telepathy as ' the perœption of a mental process in one person by another person by some other means than sense-perception '.[6] Hitschmann [7] has studied the problem of telepathy and comes to the conclusion that the cases which he examined were really instances of projection. ' The assumption of the existence of mystical forces is simply psychology projected into the outer world ,' he says. Telepathy, he considers, is often to be regarded as the work of suppressed hostile and cruel impulses, manifesting themselves in the form of clairvoyant expectations of disaster.

Applying this conception in a parallel way to dreams which ' come true ' we may conjecture that such impulses are the cause of all those ' prophetic ' dreams in which the death of loved relations or of acquaintances occurs.

We are proposing to confine our investigation to ' prophetic ' dreams and we must distinguish them from those which are ' telepathic '. In telepathy knowledge of something removed from us *in space* is acquired by some means other than that of sense-perception, whereas in prophecy there is as well the foretelling of something removed *in*

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[5] Freud : ' Dreams and Telepathy '. *Collected Papers*, Vol. IV.

[6] Freud : ' Die okkulte Bedeutung des Traumes ', *Ges. Schriften*, Bd. III, S. 181.

[7] Hitschmann : ' Telepathy and Psycho-Analysis ', this JOURNAL, Vol. V, 1924.

time. We can say that the temporal element is the specific factor in prophecy.

The reason why psycho-analysts have not much more often tried to collect and to test material relating to ' prophetic ' dreams [8] is no doubt that the problem is of quite secondary importance in therapy. For the therapeutic analyst the dreams narrated by his patient are connected with the many other phenomena of the analysis and can scarcely be isolated from these. Many of the dreams recounted in the psycho-analytic sessions are not fully understood until months later, sometimes not until the analysis is ended. The best example in the literature is the dream of the Wolf-man in Freud's ' History of an Infantile Neurosis '.[9]

The popular interpretation of dreams is different: people regard them as complete in themselves, just as Artemidoros did. They believe that dreams have a prophetic significance which they imagine to be somehow expressed in symbols; they guess the meaning of these or think they can ascertain it with the help of a ' key ', and on this they base their anticipations of the future. If something actually does happen which occurred previously in a dream, they see in this an indubitable proof of the fact that their dreams are derived from an indefinable sense of the future which academic science has not as yet understood.

The prophetic dreams which I am going to cite here are taken from my own direct observation, as was my first example about the mountain accident. My material is not extensive, but it has this advantage—that I can vouch for it and I know the accompanying circumstances. The same cannot always be maintained with any certainty in the case of material acquired at third and fourth hand: one never knows how much error has crept into the reports without the narrator's intention. When we see, for example, how unreliable are the utterances of witnesses in courts of law we feel impelled to be cautious.

I will first give a ' true ' dream which, like that of the mountain accident, could not be analysed. It has further this peculiarity:

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[8] The following writings have appeared on kindred pnenomena: Helene Deutsch: ' Okkulte Vorgänge während der Psychoanalyse '. (*Imago*, XII, 1926); Levi-Bianchini: ' Mystizismus und Hellsichtigkeit bei einem Kinde ' (*ibid.*); Allendy: ' Psychoanalyse der Ahnungen ' (*Imago*, XIV, 1928). In investigating premonitions the last-named author also came upon the process of projection.

[9] *Collected Papers*, Vol. III.

that neither the dreamer, a girl of twenty-four, nor any of those to whom she told it, except myself, saw in it any connection with what happened after. A little party of us was walking home from a meeting. This girl told us that she had half made up her mind not to go to the meeting, for she had had a slight temperature the night before. She went on to say that that night she had had a strange dream. She was about to go for a country walk with her fiancé. Suddenly she saw a high wall and a heavy black gate opened. She went through in front of her future husband and heard the gate slam in his face in a violent draught. Thereupon she fell into an abyss.

Somebody remarked that dreams of falling occur when we have thrown off the bedclothes in our sleep and feel the cold air. The dreamer, he said, had probably uncovered herself, being slightly feverish, and this was the cause of her dream.

Personally, however, I thought of what Freud says in his *Psychopathologie des Alltagslebens* about symptomatic and chance actions. He tells how the great actress, Eleonora Duse, in a family drama, after an argument with her husband and before the tempter comes on the scene, plays with the wedding-ring on her finger, taking it off, putting it on again and finally taking it off once more. Freud gives this example to shew how truly Duse's acting came from the depths of the unconscious. He quotes other examples of similar symptomatic actions (reported by Maeder and Reik). A bride forgets to try on her wedding dress—she gets a divorce from her husband almost as soon as she is married. A young man loses a ring given him by a girl whom he wants to marry. At the same time he is seized with an overwhelming longing for another girl.

I asked myself whether the dream of falling, in which the dreamer was separated from her fiancé, had not a similar meaning. It seemed to me to contain a bad prognosis for the coming marriage. I felt as though the dream confirmed certain thoughts which had already arisen in my mind when the girl became engaged. All her life she had clung to her father passionately and had plainly been in love with him. Till shortly before her engagement one often heard her say things like : ' The only man I will marry must be just like Father, he must be Father over again ', or ' The man I should like best to marry is Father '. These remarks seemed childish and perhaps absurd, but the girl, who was by no means lacking in intelligence, meant them seriously. It was the father who finally urged his daughter to get married. He found her the young man, with whom he had made friends, and, when the

engaged couple were seen together later, they did not strike people as being in love : the girl's manner was cool and she was always far more affectionate with her father. It was whispered that she was marrying the young man only because it was her father's wish. As an obedient daughter she accepted without demur the man whom he had selected, rather as if he had given her a present.

I betrayed nothing of my suspicions in connection with the dream. The marriage was to take place in four days' time. The morning after the girl told us her dream I learnt that she was ill. Next we heard that the physician had found inflammation of the lungs. On the day when she was to have been married she died.

These facts, taken in connection with what we know of the girl's attitude to her father and her fiancé, cannot but strike us as suspicious. We may suppose that she preferred death to marriage. Perhaps the feverish attack on the night of the dream was the beginning of the inflammation of the lungs. And, looking at the dream, we ask ourselves whether it was not the utterance of an unconscious suicidal tendency. Probably it has the value of a symptomatic action ; indeed, as a direct derivative of the unconscious we must regard it as such.

But even then we could not assert that it revealed anything of the future. For it indicated something that already existed, but had not been able to break through into consciousness yet. Thus, once again, this would not really be a veridical dream—one that tells the truth.

Our scepticism goes even further. Dreams of falling, we say to ourselves (remembering Freud's *Traumdeutung*), generally have another meaning. It is true that in this dream the essential point is perhaps not the falling but the abrupt separation from the dreamer's fiancé. We know nothing for certain. If anyone says to us ' It was a coincidence ', we cannot prove the contrary ! We could only say in reply that the dream, dreamt in connection with the dreamer's illness and four days before her marriage, was likely after all to have something to do with what was most occupying her mind. But all that we say is guesswork, mere conjecture, for the dream could not be analysed. And everything that we have cited in support of the view that this may still have been something like a veridical dream is just as little adapted to the demands of an exact scientific investigation as was the dream of the climbing accident.

Let me explain further why the two dreams seem to me to resemble one another. If I assume that they are to be regarded as symptomatic

actions, then both betray an unconscious purpose ; a suicidal tendency. I believe that the young man of the first dream could not get over the loss of his fiancée ; he wanted to die in order to be with her. The girl who dreamt the second dream chose rather to die than to marry a man whom she did not love. It might be said to be an extraordinary piece of imprudence on her part, after she had been feverish during the night of the dream, to go to the meeting instead of taking care of herself, and in this behaviour again we should see a suicidal tendency breaking through.

So far, however, we have not proved anything definitely. We are still groping in the dark and are glad to be able to turn to such prophetic dreams as have occurred during psycho-analytic treatment. I can give examples of four such dreams from my own practice.

A young man whose analysis was just beginning told me that he had gone to see his fiancée, whom he found in the kitchen. By a careless movement he knocked down a glass bowl, which was smashed to atoms. He thereupon recollected a dream which he had had the night before. He had to open a glass jam pot, but the cover stuck and would not move. He then said that they would have to break the glass, there was no other way of doing it. Looking back, he regarded this dream as prophetic.

We might be tempted to see in this a mere coincidence. But analysis shewed that the dream and the incident which followed it—the faulty act—were connected with one another and meant the same thing. Both phenomena represented a denial of the unconscious dread of the act of defloration.[10] He performed symbolically what he was afraid to do in fact. The dream shews the breaking-through of a tendency which revealed itself more plainly in the faulty act, then appeared quite openly in the subsequent analytic sessions and subsequently occupied us for a long time. The young man equated defloration with castration ; he feared a reprisal and tried to escape from his anxiety by conceiving the wish to marry a woman whom another man had already deflowered. Lest he should pass from Scylla to Charybdis (as we shall see later), he did not want this wish to come true either, and so in the dream he ventured to do what in reality he shunned.

So far as the problem of prophetic dreams is concerned, the interesting point about this example is that in it we can see clearly how the unconscious breaks through by a succession of stages. First comes

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[10] Freud : ' The Taboo of Virginity '. *Collected Papers*, Vol. IV.

the hint given by the ' veridical ' dream, then the symbolic action, finally the emergence into consciousness of the unconscious tendency.

This type of behaviour occurs not infrequently in criminals. I recollect an example. A murderer took a girl on his motor-cycle to a deserted spot, without as yet being conscious of his murderous intention. When they reached the place he shewed her a Browning pistol. It went off accidentally and the shot just grazed the girl. According to his own account this so confused the man that he turned the pistol on her and shot her dead.[11] Professor Herbertz (Bern), the criminologist, has coined a term for crimes preceded by faulty actions which foreshadow the criminal act. He calls them ' follow-up crimes ' [*Anschlussverbrechen*]. We must examine the connection which this term indicates between crime and faulty act from the psycho-analytical standpoint. We then find that such incidents which precede and foreshadow the real criminal act represent the breaking-through of unconscious tendencies.[12]

The dream of the broken glass shews that an unconscious tendency can announce itself in a dream, and we know from criminology that faulty acts, representing the breaking-through of the unconscious, frequently precede ' follow-up crimes '. We begin to wonder whether there is a criminal tendency also lurking behind the dream of the broken glass. In order to find out, we must penetrate a little further into the complexities of the psychic state of the dreamer. We have learnt that he wanted a wife who had already been deflowered, in order to avoid castration. Subsequently this figure in his mind revealed herself to be his mother. Unconsciously, then, the dreamer desired to commit the crime of Œdipus—that of incest—the punishment for which is, once more, castration. Now we realize more clearly why both in the dream and the faulty act he was symbolically carrying through the act of defloration : he wanted to escape the threat of castration at the hands of his father by renouncing his desire for incest. But, do what he would, he was menaced with castration in either case ; nevertheless castration as a reprisal for defloration seemed to him so to speak the less dangerous. In the dream he decided for the lesser evil.

For the purpose of our present problem, however, we are less interested in this fact than in the perception that here again, in a ' true '

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[11] I follow the newspaper reports of the Wäggital murder in 1930.

[12] Cf. Zulliger : ' Ein jugendlicher Diebskleeblatt '. *Zeitschrift für psychoanalytische Pädagogik*, 1932.

dream which we now know to represent the breaking-through of unconscious material, we are concerned with *criminal phantasies*.

We have seen that ' dreams which come true ' do not really refer to the future. They announce something which already exists in the unconscious and goes far back into the early experiences of the dreamer. For the Œdipus phantasies go back to early childhood where they could find no normal satisfaction, so that they were reactivated when, in the case before us, the boy, now grown to a young man, was confronted with a real marriage-situation.

Now let us look at a second example. A married woman, still young, whose treatment was nearly finished, began one analytic hour with the following remarks : ' You will remember I once told you that when I had conceived my son this was made known to me in a dream. I dreamt that I had a baby at my breast. Afterwards it proved that I had conceived. Last night I had a similar dream. But this time I do not mind if I have another child. In fact ' (she smiled) ' I am really very glad. I feel as if I had been wanting a child again for a long time ! '

The patient was deceived in her recollection : she had never told me of a dream of this sort before. For a long time she firmly believed that she had already had such a dream at the time when her son was conceived and that she had told me about it. No less firm was her conviction of the prophetic nature of the dream which she asserted that she had dreamt once before and had now dreamt again. When the time came for her period, it did not in fact occur. This gave her the utmost joy, not only because it shewed that a child was coming but also because it proved to me that her interpretation of her dream was right, for she declared that she could feel that I doubted the prophecy. Her period set in a week later.

We proved later beyond any doubt that the desire to have a child at her breast had arisen some months earlier during the treatment, when the patient was producing associations connected with oral erotism. She had immediately repressed her wish, betrayed nothing of it and now reproduced it in an altered form : she turned it into a ' prophetic ' dream which, as she believed, she had had at the time when she conceived her son. Now, when she really did have the dream, she recollected her former suppressed association in the form of a ' *déjà vu* ', i.e. of a ' true ' dream dreamt on a previous occasion.

In association to this dream there occurred to her recollections from the time when she played with dolls. She had been nursed by her mother for rather a long period. In order to escape the trauma of

weaning or to work it over and master it, she identified herself with her mother and put her baby-dolls to her breast. In doing this she imitated the action of an aunt, whom she had seen nursing her baby.

The reason why the phantasy of having a child at her breast had immediately been suppressed in her analysis when it first emerged and had undergone a fresh repression was that the child of her phantasy was the analyst. She had wanted in this way to possess herself of him and so to break through the 'frustration' involved in the treatment. The dream filled up again the gap in the analysis, caused by her silence on the former occasion. At the same time it indicated her wish for a genital child, which she desired to receive from the analyst. This wish was probably responsible for the phantasy of pregnancy and very likely also for the retardation of her period.

Here then we have a supposedly 'true' dream whose prophecy was not fulfilled, and we can learn more from it than if it had chanced that the patient had actually conceived. It did not announce what was going to happen: it betrayed what had once existed and what the dreamer wished to happen. As the source of the dream we recognize the *repetition-compulsion*, for we had reached the final phase of the analysis, i.e. the weaning from the treatment. The patient, as a child, had succeeded in escaping from the trauma of weaning only by receiving a child (a doll) from her love-object and treating it as she wished to have been treated herself. She was now repeating this behaviour in the transference.

Now let us suppose that, at the time of her ostensibly 'prophetic' dream, the woman had really conceived a child. Probably the analytic material that I have put before you would still have been forthcoming. But there would, besides, have been the doubt whether the dream did not contain as well some truly prophetic element. Possibly, one might have said, the child was begotten through a so-called 'carelessness' on the part of the husband, which the woman certainly noticed but did not consciously take in—and now the dream was betraying to her what for some reason or other she did not wish to know or at least not to know for certain. Or it may have been a case of *autoscopy*,[13] but, even so, there would really be nothing 'prophetic' about the dream.

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[13] Cf. Allendy: 'Psychoanalyse der Ahnungen'. *Imago*, XIV, 1928, p. 488. 'It has been shewn with certainty by the work of Féré, Lemaître, Comar, Bacri and Sellier that by some direct channel which is still unexplained we can obtain cognizance of our organic state.'

In any case we see that the fact that the prophecy did not come true is an advantage to us for the purpose of a thorough investigation of the problem of ' veridical ' dreams.

In connection with this young woman's dream the analysis threw some light on the psychology of those who have ' veridical ' dreams. It is worth our while to consider the points in question.

The patient was deeply gratified by the fact that she had learnt from her dream something of which her analyst was ignorant and which, as she detected, he doubted. She attributed to herself some sort of ' mediumistic ' powers, not possessed by all and sundry. That she had them flattered her vanity enormously. It raised her above the ruck of mankind. She hoped that she would foresee other pieces of good fortune—not necessarily the birth of a child. She thought it possible that she might also get premonitions of dangers and be able to avoid or prevent them if she had the warning. She then bethought herself in sudden violent terror that she might know beforehand if her husband, herself or her analyst were in peril. All at once she felt almost a horror of her power, for it might mean her actually knowing beforehand of the death of those for whom she cared. She comforted herself, however, with the thought that her prophetic gift would surely not extend to this.

The desire to foresee the future contributed to her error of memory when she thought that she had already had the coming of her first child announced to her by means of a ' true ' dream. It seems obvious that anyone who foresees birth can also foresee death. This was pointed out to her and, during the same session, when I turned on the electric light, it occurred to her what enormous delight she felt as a child when she realized the connection between the electric switch over her cot and the power of turning the light on and off. The game with the switch pleased her more than any other : *she felt she was like God* who could command day and night.

Thus we may see in the wish to possess ' mediumistic ' powers the remains of that phase of childhood in which the young human being, in his narcissism, feels himself to be ' *omnipotent* '.

The third dream was that of a schoolboy and was as follows : ' I was at school and the master told me to come forward and sit on the first form. I had the feeling that this was something grand.'

The following day the boy had to do a test-paper in Greek. The master told the few boys who took this subject to sit in the front row instead of the back. The dreamer was by no means pleased at this

order, for, when directly under the master's eye, it was not so easy to help one another. Nevertheless he had a strong sense of satisfaction because his dream had come true.

During the next few analytic sessions he discoursed at length on the subject of prophecy in dreams in general and his own 'power' in particular. Only after several hours of analysis did he choose to produce associations to his dream (resistance).

This boy was a foreigner and came of one of the most aristocratic families in his native land. His relatives lived in a kind of patriarchal society, the head of which was the aged grandfather, who managed the family property. The direct heir—according to the practice of his country in the matter of inheritance—had been this boy's father, but he had died and the boy had stepped into his shoes. The patient said that one of his uncles held the highest office in the land, being responsible to his sovereign alone. 'He comes first of all with the king'. This uncle, whom the boy took as his model, was the brother of his mother, who was still quite young. From his earliest years she had thoroughly spoilt the boy because, as she said, she was haunted by the thought that a premature death might take him away from her as it had taken her husband.

The patient was undecided as to whether, later on, he would take over the management of his grandfather's factories and estates or whether he would go into office like his uncle. He said that in any case he would inherit the property and he could easily find someone to administer it for him. On the other hand, if he was to obtain the official post, he would have to depend on its falling vacant.

He had a fear that his sovereign might be assassinated by anarchists, but he reassured himself with the thought that his uncle would protect the king. By virtue of his office his uncle was really above the king, because he acted as his protector. The king was in his hands.

This short account has already given us some idea of the unconscious motives contained in the dream: it was a case of Œdipus phantasies, having reference to the different father-imagos. The school had nothing to do with the dream, except in so far as it supplied the pictures for the manifest content. An additional point was that the patient had noticed that another analysand, who used to come for treatment just before he did, was no longer coming. Thus in his analysis also the boy had got rid of a rival and had as it were moved into the 'first place'.

The fact that his Greek master told him (and, incidentally, the rest

of his division with him) to come and sit in the front row had nothing to do with the dream but belonged to quite a different order of things. It was a matter of *chance* that the incident at school agreed to some extent with the manifest content of the dream of the previous night.

The content of the last ostensibly prophetic dream which I can cite here is quite commonplace. It probably occurs in almost every analysis on one or more occasions, but it is not often regarded by patients as a ' true ' dream.

This analysand, an elderly maiden lady, did take it to be prophetic, and subsequently she duly made it come true. The dream was as follows: I was standing in a square. The tram went off under my nose. I thought: ' I shall be too late '. What I was going to be too late for I did not know. What was I to do ? I had nothing with me to read. Suddenly Frl. X. was at my side ; I cheered up and thought: ' Now we can wait together and be too late together '.

The following day the patient missed a tram which she had to catch to come to the analysis. ' I really could quite well have jumped on still,' she said, ' but I did not want to risk *having my leg taken off* '. It appeared, besides, that she had seen the tram coming from a short distance. If she had hurried she would have caught it.

The meaning of the dream was as follows: She had ' missed her connection ' for a husband. The man whom she loved had been taken away from under her nose and married by another woman. She was too late. She did not care to console herself with self-gratification (' reading '). The fact that her friend, Frl. X, remained unmarried like herself reconciled her to the situation. She found consolation in her homosexual attachment.

Both the friends were being analysed, and in each case the analysts were married men. Both patients were too late with their demands. Obviously, the dream signified something quite different from a prediction of the future. But it acted as a suggestion. Its symbolic content with reference to the analyst was translated into action. In the transference the analyst stood for the patient's brother. Upon her brother—an incestuous object—she might not make libidinal claims ; here again was a wish the punishment for which was castration. This was represented in the patient's anticipation of having her leg taken off if she persisted in trying to catch the tram.

The missing of the tram on the following day was *suggested* by the interpretation of the dream exactly as the conquest of Tyre by Alexander the Great was suggested by the interpretation of Arte-

midoros. In both cases something which had been dreamt was afterwards made to come true; on each occasion it could have been left undone and, in the one case as in the other, it was done because it corresponded to the wishes of the dreamer. Alexander *wished* to take the city of Tyre and our analysand *wished* to miss the tram. She had to wish it in order to escape from the prospect of having her leg taken off. That is to say: she had to 'miss her connection' with the analyst (brother) if she did not wish to suffer castration (the punishment for incest).

Now if we take a survey of the material that I have put before you, we see from the examples which we have been able to examine in detail *one* prominent characteristic of 'dreams which come true': they are all *wish-fulfilments*.

All these prophetic dreams point not to the future but to the *past*. Behind the manifest dream-pictures there have emerged in every case dream-thoughts which represent the elaboration of wishes and phantasies belonging to the *history of the dreamer's childhood*.

It cannot be disputed that there are dreams (probably occurring much more frequently than is generally supposed) which *in retrospect* are held to be 'true' dreams because some subsequent incident *accidentally* resembles or even coincides with the manifest dream-content. Possibly the dream of the fall from the Rottalsattel comes under this category. Certainly the schoolboy's dream of changing his place belongs here.

Other 'veridical' dreams are obviously errors of memory.[14] We may take as an example of this the dream of the child at the breast, a phantasy converted into a dream. Here we discover several such errors. Not only had the phantasy been converted into an alleged dream, but also, in its new guise, its date had been shifted to suit the unconscious wish. The dreamer firmly believed that she had had this 'dream' at the time when she conceived her son—long before the analysis. And she was no less firmly convinced that she had already told the dream to the analyst.

Incidentally this young woman's dream is an illustration of the reason why 'prophetic' dreams are dreamt. The dreamer's *narcissism* is at work. If we explore what lies behind man's tendency to wish for the extraordinary power of foreseeing the future, we come at bottom to the wish to foreknow *death* (as Cassandra foreknew the fall of Troy)

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[14] Pötzl: 'Zur Metapsychologie des "*Déjà-vu*".' *Imago*, XII, 1926.

as well as life. For such a power ensures for him once more something of that omnipotence which is to-day still the attribute of a primitive despot and the phantasy of little children and paranoiacs. Here ' knowledge ' is veritably ' power ', and ' power ' signifies power of life and death.

In the case of this young woman the omnipotence of thought prevented her period from setting in at the right time.

We were able to see clearly that the dream which actually did occur in the final phase of her analysis was an expression of the repetition-compulsion. As an adult the patient was reacting to a given situation in exactly the same way as she had once reacted as a child. In the transference-situation of her psycho-analytic treatment, when she reached the phase of weaning, she behaved just as she had done in the corresponding phase of her childhood, and what she projected into the future was her own personal history.

From the point of view of psycho-analytic technique this patient's dream must be regarded as a sign of resistance to the treatment : the ' true ' dream, whose meaning the dreamer professed to have seen long before the analyst, was intended to forestall the analysis and render it otiose. We have the same situation in the case of the schoolboy's dream. The fatalistic view of life which underlies the belief in ' veridical ' dreams makes analysis illusory and useless. In the previous example the dreamer wished to deprive analysis of its value in order to avoid having to give up the analyst. She was trying to evade the resolution of the transference and the process of weaning from the treatment.

I conjecture that very many of the ' true ' dreams produced during psycho-analytic treatment serve the purpose of resistance.

The example of the dream of the broken glass shews the breaking-through of an unconscious tendency behind which lurk criminal wishes. We have seen how closely akin are dreams and faulty acts, and that, figuratively speaking, the boundaries of the two realms touch or intersect, and we have learnt that, before the perpetration of criminal acts, faulty acts very often occur as a break-through of unconscious impulses. A question to be considered is whether dreams followed by a crime which they have ' predicted ' should not be regarded as equivalent to symptomatic faulty acts. We have not enough material to decide this point. We can only conjecture that this is the case in the dream of the mountain accident and that of the girl's separation from her fiancé. We might surmise that in both instances—behind the fall and the death

from inflammation of the lungs—there was present an unconscious suicidal intention which the dreams betrayed. At any rate one cannot quite dismiss the suspicion in the case of the young girl who went to a meeting in spite of her feverish symptoms, instead of taking care of herself. The criminal tendency would appear in those suicidal intentions, and the dreams would represent the breaking-through of criminal unconscious impulses.

But we will not return to the uncertain ground of conjecture. Rather let us turn to the example of the dream of missing the tram. It reveals *suggestion* as the driving power in ' prophetic ' dreams. We have already seen that this factor was at work in King Alexander's ' true ' dream.

We have seen why it is that human beings wish to credit themselves with the possession of a strange, mysterious power and a special sense-organ for the prediction of the future. In the so-called ' true ' dreams we have found the following factors at work : chance, errors of memory, the repetition-compulsion, the breaking-through of an unconscious tendency and, finally, auto-suggestion. When an ostensibly ' true ' dream is produced, there is no doubt often an interplay of several of these mechanisms. In the examples of dreams which we have examined in detail we have met with nothing that contradicts Freud's findings as stated in his *Traumdeutung*. We have not succeeded in discovering any ' prospective tendency ' in dreams : they all faced backwards and preserved their character of an hallucinatory wish-fulfilment. Even in the case of those prophetic dreams which predict the death of persons closely associated with the dreamer we may conjecture that unconscious death-wishes are at their root. We know that these wishes are the most deeply repressed of all.

In dreams which come true the procedure resembles that of the fortune-teller who reads her cards. She draws out her client without his noticing it and afterwards startles him by telling him things which she has been able to discover and which are ' true '. The dreamer of the ' true ' dream is at one and the same time fortune-teller and client.

In order to investigate the content of ostensibly ' true ' dreams we must have the dreamer's associations. We then find that there is as little agreement between the manifest dream-picture and the latent dream-thoughts as there is in ordinary dreams. In the examples I have given in this paper I have not called special attention to the dream-mechanisms : displacement, condensation, secondary elaboration, etc.

But as soon as we examine them from these angles we perceive that herein also they do not differ from ordinary dreams.

Hence we must acknowledge the justice of Freud's prejudgement about prophetic dreams; it is fully confirmed by our examples, and we ask ourselves whether it is not something more than a ' prejudgement '.

THE ANALYSIS OF PSYCHOTICS [1]

BY

PAUL FEDERN

ON TECHNIQUE

When dealing with the endogenic psychoses, it is quite unjustifiable for us to confine our efforts to diagnosis and prognosis; nor is it enough, simply because the disease is conditioned by endogenic factors, to see to it that the patient is placed under care and remedies suggested by the symptoms are applied, thereafter letting the morbid process take its course while we observe it with psychological and clinical interest. Appropriate treatment on both physical and psychic lines may have a favourable influence upon the case, both in respect of the severity of the particular attack and the course it follows and of the onset and duration of completely or relatively normal periods and the patient's attitude towards reality at such times. It is probable that such treatment may even affect the degree in which he approaches to normality.

A number of psychiatrists, notably Aschner, have revived the methods of an earlier date in medicine; but, as Aschner himself observes, such success as can be achieved thereby is possible only when the attitude and behaviour towards the patient of those with whom he is in contact are psychologically sound.

With psychotics as with children the result of a psycho-analysis depends so largely upon the helpfulness of their environment that, if the rest of his family dislike a psychotic patient, the treatment is as much hampered by this exogenic factor as it may be on the endogenic side by the severity of the disease. In no single case have I succeeded without the steady co-operation of his family or of someone in their place. When we remember, however, that others besides psycho-analysts aim at achieving proper care for such patients within their family circle, it is clear that our duty is to perfect our technique for the analysis of the psychoses, so that it may always be available where the environment is suitable. An important desideratum is the psycho-analytical training of nurses and attendants.[2]

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[1] A lecture delivered at the Training Institute of the Vienna Psycho-Analytical Society.

[2] In this connection see Hollós': *Hinter der gelben Mauer*, a book which serves as a psycho-analytical manifesto to psychotherapy in general.

It may sound paradoxical but is nevertheless in accordance with our theoretical knowledge when I assert that it is precisely in the case of the psychotic, whose reason is impaired, that our treatment must address itself to his reason, in such measure as he retains it, and, similarly, that the transference is even more important than in a transference-neurosis. Psychotic patients are accessible to psycho-analysis at all, first, because and in so far as they are still capable of transference ; secondly, because and in so far as one part of their ego has insight into their abnormal state and, thirdly, because and in so far as a part of their personality is still directed towards reality. Of these conditions the first and the third are parallel, the one presupposing the other, while the second mainly depends on whether the regression within the ego is constant or subject to temporary remissions.

The chief precaution to be observed in analysing a psychotic is not to increase regression. For this reason one must content oneself with the material which the psychosis itself reveals and not attempt to force the uncovering of deeper strata of the unconscious by means of free association and by withholding the counter-transference. In many cases it is not possible to make a schizophrenic patient adopt a recumbent attitude during analysis : if you do so, he will immediately begin to produce associations of a schizophrenic nature, whereas if he sits opposite you he will make associations in a normal manner. It is only when the patient has grasped what is wrong with his causal sequences and intentions and has learnt to control, i.e. to dissimulate, it in his effort to adapt himself to reality that one can for a time proceed by means of free association (in some cases precisely as one does with neurotics) cautiously to bring to light material from deeper strata.

This procedure at the same time helps to ' encapsulate ' the permanent psychotic reactions—a similar result to that which we observe in the process of spontaneous ' recovery ', a term which seldom implies more than that the patient recovers enough for practical purposes. Experience shews, however, that this relative capacity for the reasonable control of unreasonable ideas and reactions continues to develop of its own accord when once we have succeeded in re-introducing the patient into a social circle and an active life. One of my patients had been regarded by a psycho-analyst as incurable and was confined in an institution but was clever enough to escape. Thanks to a member of his family, who had been through a thorough analysis himself, this man has successfully carried on a business of his own as a tradesman

for ten years. At first, his relative used often to call me in but, later on, he merely came to consult me from time to time. The patient is still, as before, shut in on himself; occasionally he hears voices and has not entirely lost his narcissistic grandiose ideas. I was always ready to intervene with psycho-analysis, but I purposely refrained from anything like a full analysis. In such cases, where there has been no complete recovery, the patient is much less likely to relapse and grow worse if he has someone of the right sort who understands about his state and drags him out of his isolation. Such patients then erect a barrier in their minds against their delusional ideas and have acquired an insight into their illness, which, though it may be only an imperfect insight, always somewhat uncertain and wavering, yet suffices to keep their morbid modes of thought distinct from real life—again we must add, to an extent sufficient for practical purposes. The degree in which a patient succeeds in doing this is, moreover, a valuable index for the psycho-analytically instructed person who is trying to help him: it shews when danger is to be anticipated from some difficulty in real life and when the patient is in need of support and an opportunity to unburden himself both on the subject of this particular difficulty and also of the unresolved unconscious conflicts which have gathered strength. The fact that a part of his mind remains barricaded off is therefore not an indication that a deeper analysis should be undertaken: it merely implies that he is incapable otherwise of facing reality in practice.

The dependence of a litigious psychosis on conflicts arising in real life is well known, but psycho-analysis enables us to take full advantage of this knowledge in our therapeutic procedure. This factor of dependence is regarded by the psycho-analyst as highly important. If we succeed in discerning with certainty the connection between the patient's psychotic utterances and symptoms and the actual occurrences and transference-situations in his life, we must then adopt a different procedure from that to which we are accustomed in analysing the neuroses: I mean that we must help the patient in the actual affairs of his life. Exercising due caution, we must explain to him analytically the real motives by which he is actuated. The explanation will have its effect, even before the truth of it is recognized. In so far as he is able to understand us, we shew him how past situations are repeating themselves. It is interesting to note that patients have knowledge of connections which are wholly unconscious, while they repress the simple, real motivations. This proves how largely their

psychotic regression has served as a defence against unbearable conflicts. The psychotic is partly or wholly introverted, deeply narcissistic and lacking in object-relations ; the onset of the disease, however, can be traced either to libidinal disappointment or to an intensifying of libido at its instinctual sources—notably at the time of puberty. In either case the healthy part of the patient's mind has succumbed to the strain.

This brings us to one special difficulty in the treatment of the psychoses, namely, the actual sexual activity of the patient. Often sterilization by ligature of the oviducts or by Steinach's operation is indicated. My own observation confirms Wagner-Jauregg's statement that, after the latter operation, onanism tends to diminish. The heightening of libido after the operation has actually had a favourable effect. In practice, however, it is difficult for young schizophrenics, even those who have been or may be relatively cured, to overcome their sexual cravings. Some of my patients, in whom the sexual instinct was not strong, have remained abstinent for years without a relapse. All the same, I believe that the opportunity for normal sexual satisfaction is one powerful therapeutic agency outside analysis.

Whichever aspect of the whole problem is presented to us we see the same thing : that our therapy must aim at counteracting that tendency to flight which carries the subject away from objects and from reality. We must not, however, overlook the fact that, in psychosis, affect-charged conflicts rage till they have spent themselves and that we must suffer them to rage. It is precisely when such explosions of affect take place that we can discover the various factors in their motivation, some of which (as with a child) we remove from the subject's path, while others we explain to him. At the same time we endeavour increasingly to substitute for the explosions of affect abreaction according to the orthodox analytical method.

We must never deceive a psychotic, any more than a neurotic. Nor may one treat him as a child or as ridiculous. The very first visit to a mental hospital will soon reveal the rightness or otherwise of the psychological understanding and attitude of those in charge, the criterion being the extent to which the physicians and the rest of the staff have got rid of the habit of what I can only term criminal laughter on the part of healthy persons at the victims of mental disease.

In order to establish the patient's transference to the analyst the latter must avoid the slightest sign of depreciation or underestimation, and must give full recognition to the patient's right to have his per-

sonality respected ; to refrain from ridiculing or deceiving him is the most elementary and obvious item in this duty. Medical experience and human instinct have taught me that one must utilize the oral fixation of many patients and that it is permissible to show them hospitality and to indulge their weakness for smoking and eating sweets. But, in order to succeed, our courting of the patient's confidence must be sincere, even though it is part of our technique. His distrust is not simply morbid : it is the perfectly justified reaction of that part of his personality which is still normal. Nevertheless, the good relation which has been formed is often destroyed by some mistake due to our insufficient knowledge of the patient or else to the appearance of the negative transference as the analysis proceeds. When this happens, we shall very rarely overcome it by analysis. But without a positive transference our influence is at an end and we have to send the patient to another physician for the rest of his treatment. In this, the psychoanalyst is adopting the exactly opposite procedure to that which is customary and is based on the idea that there is no need to take any notice of manifestations of dislike on the part of a person suffering from mental disease. In treating manic-melancholic patients it is quite typical that the physician should be changed as the phases of the disease vary. I have referred to this point elsewhere.[3] In this form of disease I have long recognized it to be of the utmost importance that, during the manic phase, there should be as good a relation as possible between patient and physician and that the choice of a particular physician should never be forced upon the former. For in cases of medium severity the degree of the subsequent melancholia and the course it runs depend very largely on the accumulation, during the manic phase, of the least possible amount of guilt and regret for fresh failures.

I have seen good effects of psycho-analytic treatment thus rationally employed in cases of schizophrenia and cyclical insanity, and younger colleagues who, at my suggestion, have tried this method have met with considerable success. These results have been so different from what our prognosis led us to expect that I would strongly recommend other analysts to verify our experience by themselves testing our method. The suitable cases in which to employ it are those in which, as far as our clinical knowledge goes to-day, no cure in the clinical sense

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[3] *Wiener medizinische Wochenschrift*, 83. Jg., 1933, Nr. 17, S. 470, ' Zirkuläre Freundschaftsbeziehungen '.

is to be looked for and in which our technical knowledge bids us refrain from a full psycho-analysis.

In conclusion let me state once more that the restricted technique which I have been suggesting to you is based first and foremost on the fact that in analysing psychotics we have more need of the transference than in any other type of case, while we have much less command of it because, whenever a transference-resistance arises, the subject abandons his object-relations. And further, in overcoming the resistances we have no firm ego-structure upon which to rely. The very thing that we are aiming at is the restoration of that structure as far as is possible and so we must avoid imposing any additional weight upon it. But with this proviso we try to analyse the patient as thoroughly as possible. Through analysis we render the sound part of the ego constantly able to deal in a normal manner with some of the instinctual impulses which assail it and the subject finds it less necessary to escape his conflicts by way of regression. In our treatment we rely on the patient's tendency to reconstruct and further to develop his ego. This will take place the more easily if we can lighten his task of overcoming his conflicts, and with this end in view we shall encourage abreaction[4], we shall give him support in the transference, in which identification with the analyst is a further reinforcement to the ego and, finally, we shall bring his conflicts into consciousness and help the normal side of his personality to understand them.

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[4] The abreaction must be as little as possible checked by drugs, though care must be taken not to go beyond the patient's physical powers of endurance. It is, however, perfectly legitimate to curtail the excitations which reach him from the outside world.

THE PSYCHO-ANALYSIS OF THE UNCANNY

BY

EDMUND BERGLER

VIENNA

Freud describes the uncanny as a special variety of the fearful,[1] and he differentiates two types of uncanny feeling. (*a*) The one, he says, is produced when some impression revives repressed infantile complexes and (*b*) the other when the primitive beliefs we have surmounted seem once more to be confirmed.

In practical experience the two types of uncanny feeling cannot always be clearly distinguished, for primitive convictions are most intimately connected with infantile complexes and are, in fact, derived from them. The uncanny, he says, is a hidden, familiar[2] thing that has undergone repression and then emerged from it.

'Let us take the uncanny in connection with the omnipotence of thoughts, instantaneous wish-fulfilments, secret power to do harm and the return of the dead. The condition under which the feeling of uncanniness arises here is unmistakable. We—or our primitive forefathers—once believed in the possibility of these things and were convinced that they really happened. Nowadays we no longer believe in them, we have *surmounted* such ways of thought; but we do not feel quite sure of our new set of beliefs, and the old ones still exist within us ready to seize upon any confirmation. As soon as something actually happens in our lives which seems to support the old discarded beliefs we get a feeling of the uncanny; and it is as though we were making a judgement something like this: "So, after all, it is true that one can kill a person by merely desiring his death!" or, "Then the dead do continue to live and appear before our eyes on the scene of their former activities!" and so on. And conversely, he who has completely and finally dispelled animistic beliefs in himself will be insensible to this type of the uncanny. The most remarkable coincidences of desire and fulfilment, the most mysterious recurrence of similar experiences in a particular place or on a particular date, the most deceptive sights and suspicious noises—none of these things will take him in or raise that kind of fear which can be described as "a

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[1] 'The "Uncanny"', *Collected Papers*, Vol. IV.

[2] *Translator's note:* Freud here uses three words having the same root: *unheimlich*='uncanny', literally 'unhomely', *heimlich—heimisch*=secret—homely or familiar.

fear of something uncanny." For the whole matter is one of " testing by reality ", pure and simple, a question of the material reality of the phenomena.

' The state of affairs is somewhat different when the uncanny proceeds from repressed infantile complexes, from the castration-complex, womb-phantasies, etc. ; but experiences which arouse this kind of uncanny feeling are not of very frequent occurrence in real life. Actual occurrences of the uncanny belong for the most part to the first group ; nevertheless the distinction between the two is theoretically very important. Where the uncanny comes from infantile complexes the question of external reality is quite irrelevant ; its place is taken by psychical reality. What is concerned is an actual repression of some definite material and a return of this repressed material, not a removal of the *belief* in its objective reality. We might say that in the one case what had been repressed was a particular ideational content and in the other the belief in its physical existence. But this last way of putting it no doubt strains the term " repression " beyond its legitimate meaning. It would be more correct to respect perceptible psychological difference here, and to say that the animistic beliefs of civilized people have been *surmounted*—more or less.' [3]

To the psycho-analytical reader this work of Freud's is so convincing that he feels that the problem has been finally and satisfactorily solved. It is only because the paper was published in 1919 and, since then, Freud has modified some of his own views on anxiety that I venture to approach the subject again and to suggest certain possible amplifications of what has already been said.

In Freud's paper we read as follows :

' . . . if psycho-analytic theory is correct in maintaining that every emotional affect, whatever its quality, is transformed by repression into morbid anxiety, then among such cases of anxiety there must be a class in which the anxiety can be shewn to come from something repressed which *recurs*.' [4]

Now in *Hemmung, Symptom und Angst* Freud laid down the basis of his new theory of anxiety, which Robert Wälder has interpreted as follows :

' In our earlier theory we assumed that anxiety bursts forth from the id, as a direct result of the tension produced by overwhelming,

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[3] *Op. cit.*, pp. 401–3.

[4] *Op. cit.*, p. 394.

unsatisfied cravings, and that the ego is helpless before its attack. Now, however, we have modified our views to this effect : we hold that in a situation of danger, i.e. when threatened with such tension, the ego may forestall it by experiencing anxiety. At the same time, this is the signal to the organism to get ready to deal with the danger, whether by taking flight or by preparing appropriate measures of defence, so that the signal serves a biological purpose. Naturally, in this work Freud did not intend the newer conception to cancel or supplant the older, nor did he mean that anxiety originates sometimes in the one way and sometimes in the other. Undoubtedly he meant only to indicate that, in actual life, the two theories—that of the irruption of anxiety into the ego and that of the fashioning of the anxiety-signal, with a biological purpose, by the ego—represent two aspects of a real process, the phenomenon of anxiety being, as it were, described now from the standpoint of the id and now from that of the ego.' [5]

From the standpoint of the ego the feeling of the uncanny is an anxiety-signal, warning the subject of some inner danger from his instincts, or of some external peril. Now what is the inner danger to be apprehended from the instincts ? Obviously it is the recrudescence of repressed unconscious wishes. Let us take, for instance, the unconscious idea of omnipotence, which so often produces the sense of the uncanny :

A male patient (of a passive-feminine, unconsciously homosexual disposition) had had a love-affair with a young girl, whom he wished to give up. She made tremendous scenes, threatened to commit suicide, etc. As the patient went home one night, after one of these scenes, he uttered to himself the most frightful insults against his mistress and wished her dead. On reaching home he had the following ' experience '. The house he lived in stood behind another and, between the two, was a little garden through which he had to pass. As he opened the gate leading to it from the first house, he suddenly ' saw ' the girl hanging from the branches of the only tree in the garden. He started back, his feelings at that moment being a mixture of amazement, horror, dread and a sense of uncanniness. It was some seconds before he could convince himself of the unreality of his hallucination.

Now, in this case, what caused the sense of the uncanny ? The feeling was certainly a complex one, but at bottom it had the following significance : ' So it's true that I am omnipotent and possess magical

[5] ' Das Prinzip der mehrfachen Funktion ', *Internationale Zeitschrift für Psychoanalyse*, 1930, Bd. XVI, p. 285.

powers ; no sooner do I say to the girl : "Be hanged to you" than it happens.' And there was a further thought, also unconscious : ' My murderous impulses and death-wishes make me a danger to others, and the punishment which will overtake me for having harboured these impulses makes me a danger to myself.' In this case the anxiety-signal would thus be *at the same time* a warning against the subject's inner aggressive tendencies.

We see then that the sense of the uncanny is experienced when the omnipotence of infancy seems to have returned. But at the first glance it is not obvious why the darling belief of our childhood—that in our own omnipotence—should have suddenly become terrifying on its reappearance. The explanation is this : the original sense of omnipotence was ' knocked out ' of the child, in the last resort by his *dread of castration* (i.e. the desire to possess his mother was routed by the—originally real—dread of his father, which was subsequently internalized). With the recrudescence of the old omnipotence-wishes the old castration-anxiety is also revived : the sense of the uncanny represents a *saving in anxiety and psychic work.*

I think that, from the standpoint of the ego, this anxiety-signal at the approach of inner danger from the aggressive instincts is a characteristic of the uncanny. The danger apprehended is condensed within the infantile ideas of grandeur, and so it behoves us to consider in some detail the analytical theory of the childish delusion of omnipotence.

First, let me say that, unlikely as it may seem, in view of all that has been written on the subject, psycho-analytical literature has not very much to tell us about the renunciation of infantile ideas of omnipotence and about the child's adaptation to reality. We are constantly finding this (evidently ineradicable) delusion lurking in some fresh place ; almost it might be said that adaptation to reality means the adaptation of the infantile delusion of omnipotence to the actual possibilities of putting these imaginary powers into practice. We are as yet far from having concluded our researches into the infantile ideas of grandeur as they enter into neurosis. (For the average person it is only psychosis which offers a still larger scope.) It does sometimes seem that the analytical solution of many a case of obsessional neurosis or hysteria is impeded by the impossibility of persuading the patient to renounce the ideas of omnipotence, of which every neurosis is a repository.

If we follow Ferenczi's scheme,[6] we can distinguish four stages in

[6] *Contributions to Psycho-Analysis*, 1916.

the ' development of the sense of reality ' : (*a*) the period of unconditional omnipotence ; (*b*) the period of magical-hallucinatory omnipotence ; (*c*) the period of omnipotence by the help of magic gestures ; (*d*) the period of magic thoughts and magic words.

We know nothing of the transitions from one phase to another. But we can assume that, even in normal cases, the ego of the child, who is continually *forced* to renounce the infantile notion of his omnipotence, undergoes a very great contraction. The situation is something like that of the conquered Napoleon on St. Helena. In other words : the child did not voluntarily undertake the disillusioning renunciation of his omnipotence ; on the contrary, the renunciation took place under pressure of the severest penalties. The result is a drastic contraction of the ego : relative peace is purchased at the price of the yielding-up of annexed territories. This, at bottom, is the source of the dread and repudiation of all that is new and strange.[7] And this accounts for the difference between the ' radiant intelligence of the child ' and the stupidity and limited intellectual horizon of the ordinary adult.

We find that, in common parlance, *anything which exceeds the ordinary average* is often termed ' uncanny '. Thus, people speak of uncanny quiet, speed, power, certainty, consistency, cold-bloodedness, changes, skill, wickedness, cleverness, stupidity, laziness, etc. Again we see the correctness of our assumption that man, his wits sharpened and his mind intimidated by his unhappy experiences in connection with his childish idea of his omnipotence and by the punishment with which he was threatened or visited, has fallen back on the position of the French writer who, making a virtue of necessity, uttered the following literary confession : ' My glass is not large, but it is my glass '. Behind this we have a picture of the terrified child, the victim of anxiety, feeling his freedom of movement restricted and finally contenting himself with playing in the tiny corner conceded to him : ' The little place they have given me ', he seems to say, ' is *small* but at least it is relatively *safe* '.

The result, in later life, is twofold. On the one hand many people have the tendency to avoid anything beyond the common measure in their experience (a saving of anxiety !), whereas on the other hand these same people need a ' hero ', with whom they identify themselves

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[7] Cf. Winterstein : ' Angst vor dem Neuen, Neugier und Langeweile '. *Psychoanalytische Bewegung*, II, 1930, p. 540 ff.

and whose ' heroic deeds ' [8] they enjoy in phantasy with relatively littl sense of guilt. Characteristically, one often hears and reads that th ' greatness ' of the exploits of such heroes strikes the hero-worshipper as ' uncanny '. The mechanism of this feeling is that which I have already described : the hero's ability to act out his impulses makes the subject feel ready to do the same (i.e. essentially, to give free play to his aggressive tendencies) and, once more, the sense of the uncanny is the warning-signal at the imminence of the vicious circle : *infantile ideas of omnipotence—castration-anxiety—collapse.* It is as though, in a fraction of a second—just in this virtually reflex feeling of the uncanny—the whole tragic fate of infantile omnipotence were unconsciously recapitulated.

To illustrate my argument let me refer to a story by an author whose name I have forgotten. The plot is as follows : An Indian fakir was asked by a sceptical English physician what was the secret of his art, and, above all, whether he could tell him of an infallible means of curing all diseases. The fakir threw a little bamboo rod some feet up into the air and, in the time which it took to come down again, i.e. in a few seconds, he caused the Englishman to live through the next few years of his life. It appeared that, when anyone was about to die, the physician would see a cross on his forehead. The cross denoted that death was inevitable. If he did not see the cross, the patient would recover. The physician (in his vision) became famous, married, was revered as ' the doctor who worked miracles ' and dumbfounded his colleagues by the infallibility of his diagnoses. But, in spite of all his outward success, he felt profoundly unhappy, for he was merely the instrument of an alien power which he could not influence in any way, the power that traced the cross. Finally, he was summoned to the sick bed of a monarch, and, on the journey, he perceived that everyone in the train, including his own child, was marked with the cross. Horror-struck, he tried to stop the train, which would no doubt leave the rails within the next few minutes, and—awoke in a sweat of terror from his trance. From that time on, he ceased to long for omniscience.—If, for a moment, we imagine this fictitious story to be true, I can picture that this physician might have a sense of the uncanny when he heard a colleague being very dogmatic in his prognoses.

Our conclusion so far is as follows : in the sense of the uncanny

[8] As we know, these ' heroes ' are often not heroes at all. Generally, what is admired in them is their mastery of anxiety.

we take alarm at our own omnipotence, which for a few seconds we imagine to exist, plus the consequence of castration which the experience of our childhood has led us to anticipate. The whole mechanism is, of course, unconscious. The sense of the uncanny would thus represent a trance of a few seconds' duration, perhaps a brief state of mental alienation, and, from the standpoint of the ego, it is a *protective mechanism*. Dread of oneself (one's unconscious aggressive tendency) combined with dread of others (castration) result in what we might call an affective short-circuit, namely, in the sense of the uncanny, the super-ego taking over the function of the parental authority which, in earliest childhood, was not yet introjected. Ultimately, then, the mechanism serves the purposes of the super-ego, at whose behest the feeble ego gives the danger-signal. Further, I would point out that the feeling of the uncanny may be secondarily *enjoyed as anxiety-pleasure* [*Angstlust*], and masochistically induced over and over again ('sexualization of anxiety'). This would at the same time serve as a gratification of the death-instinct *in dosi refracta*.

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In support of these conclusions I propose to select from the many possible situations which may give rise to the sense of the uncanny twelve types which I regard as specially significant. It must be understood that I do not claim completeness for my enumeration, even though it does appear to cover the principal factors.

(1) We may experience the sense of the uncanny when we watch another person giving play to his aggressive impulses, apparently untroubled by any feeling of guilt.

One of my patients had to take the minutes at a meeting of a committee appointed for the purpose of reducing a staff of employees. The committee had to decide who was to be dismissed—in the present economic conditions virtually a matter of life and death. The chairman went about his task with a rigid inflexibility, no objections could make him deviate from his course and he actually struck the patient as enjoying the whole business. During all this, the patient experienced a feeling of pleasurable horror and also a sense of the uncanny. Analysis shewed that he had identified himself with the sadistic chairman: on the one hand he thus derived gratification from the play given to the instinct of aggression, but, on the other, the idea of his own omnipotence caused him to react with a feeling of the uncanny. For the ego the dangers of the situation were the greater because the chairman's example encouraged the putting of the id-tendency into practice.

' Do not be afraid ', it implied, ' you see the chairman has no fear.' The immediate response of the patient's anxiety-ridden ego to this temptation was the danger-signal of the uncanny. The temptation was all the stronger since he could have no insight into the inner mechanism of the chairman's cynicism. In other words, the patient could not know what had become of the other man's need for punishment [9] which made possible his aggressive behaviour.

(2) A sense of the uncanny is experienced by obsessional neurotics when they feel they can ' work miracles '.

As we know, obsessional neurotics constantly experience remarkable ' coincidences ' which seem to prove the omnipotence of their thoughts. These inner processes they project outwards—on to Fate, God, etc. I had an example of this in a patient of the obsessional type : For a long time he had occupied himself with a plan for starting a school for the study of manures. He himself knew nothing about the subject : his proposal was simply an attempt to sublimate his anal tendencies. Nevertheless he showed some skill in interesting various authorities in his plan. After working hard for some months, he succeeded in beating up a number of people to attend a meeting in a provincial town. On the way to the meeting (even the prior journey had, of course, been attended by various ' omens ') the patient, feeling in high spirits, decided to give himself a treat, and, instead of buying his usual three ' ladies ' cigarettes at 4 groschen each (note his obsessional avarice !) he resolved to indulge in ' something better '. But to buy dearer cigarettes would be a challenge to Fate, on whose protection he was most anxiously counting in view of the coming meeting. So, after much vacillation, he decided on a compromise and bought two ' ladies ' cigarettes at 4 groschen and one at 5. When he came to pay, however, his spirits were completely dashed on the girl's informing him of the total : 13 groschen ($2 \times 4 = 8 + 5 = 13$). ' Another bad omen ', said the patient and he experienced a sense of the uncanny. In order to avert the bad omen he had to go through tedious expiatory rites and obsessional formulæ.

Here we have a case of the ' miracle-working ' typical of obsessional neurosis and really brought about by the patient's own unconscious. The technique of the process consists partly in the failure of an inner

[9] This point is dealt with in detail in my paper : ' Zur Psychologie des Zynikers ', *Psychoanalytische Bewegung*, 1933, Nos. 1 and 2. See especially my remarks on the type of cynicism which attaches no value to the lives of others, p. 48.

purpose to reach consciousness. *Consciously*, he had no suspicion that the total charge would ' work out ' at 13 (a number of which he had a dread amounting to panic). It was his own super-ego that played the part of that avenging Fate which he projected outwards. His sense of the uncanny was an anxiety-signal, his reaction to his own omnipotence. *Secondarily*, he enjoyed finding himself overpowered by this very ' uncanny fate ' as a *masochistic pleasure from punishment* like that of anal coitus, whilst the responsibility was shifted on to unsubstantial Fate.

(3) A sense of the uncanny may be experienced when other people fail to display some typical affective reaction which we should ' normally ' expect to see in them.

The writer of an English book on espionage describes the shooting of a young German, which actually took place at the beginning of the war. This man had crossed the Belgian front in an aeroplane and then, disguised as an English marine, had acted as a spy for Germany. He was arrested and convicted of employing a chemical process for purposes of espionage. When condemned to death he remained unmoved and, to the end, he persisted in his rôle of English soldier. On the way to the place of execution he said : ' Give me a cigarette ', and he died without a murmur. Upon those around him he made an uncanny impression.

What was the source of the uncanny impression in this case ? Considered from the standpoint of the id, we see that the man's behaviour seemed to confirm the infantile idea that there is no such thing as death or that we continue to live after death. It is as if we said to ourselves : ' This man must be placing a *well-founded* trust in something metaphysical, since here on earth he has clearly nothing left to hope for '. The profound mistrust and wonder with which, when a man is in the extremity of danger, people observe in him the absence of what would seem to be the appropriate reaction has, at bottom, this significance : ' The man ' (so runs the unconscious thought) ' must have some *certainty* of a power not his own, which is inaccessible to us but with which he is in league [10] ; otherwise, how could he be so calm ? '

[10] Probably this is the deeper reason for the hatred of witches and the sense of the uncanny which they inspired. Witch trials would thus be intelligible as a means of relief for ordinary people in their struggle to suppress their desire for omnipotence. Apart from the sadism of the ' ideological cynic ' (see my work on Cynicism) and his attempt to placate the super-ego, this would seem to be the only possible explanation of the cruelties accompanying such trials and of the dictum of a certain potentate,

Thus does the old theory of omnipotence (whether in the direct sense or in the form of alliance with an omnipotent person) celebrate its resurrection, whereupon the ego reacts with the anxiety-signal of the uncanny.

In literature we may note that some of Soyka's novels are based on this unconscious train of thought.

(4) A sense of the uncanny is experienced when we realize that we stand to another person or power in the relation of object and not, as we fondly imagined, of subject.

When this realization flashes upon us—the feeling: 'You think to impel but are yourself impelled' (*Faust*, I.)—the impression produced is an uncanny one. It is experienced most vividly in psycho-analysis. To every patient for whom analysis comes to be an affective experience the moment comes in which it dawns upon him that he is 'not even master in his own house' (Freud). This feeling of *being lived by* the unconscious evokes the sense of the uncanny.

If we ask why this is so, it would seem obvious to reply that it is because of the blow to our narcissism. But this would account only for a feeling of depression, not for the sense of the uncanny. The real cause of the latter is the unconscious recapitulation of the infantile sense of omnipotence, which was followed by 'castration' (or the threat of it) with the constraint and terror involved. The subject is on the point of regressing to his own earlier infantile personality, long abandoned (in other words, he is aiming at an expansion of the ego, he longs for the infantile ego, inflated as it was with the idea of its omnipotence). His adult ego takes fright, as it were, at its own boldness,[11] *pulls the communication-cord of the uncanny* and thus escapes

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who said that he had found an infallible means for discovering whether a woman was a witch or not, namely, 'witches' brew',—a means, let us observe, which involved the prior cooking of the alleged witch herself.

[11] I would draw attention to the fact that many neurotics—suffering from hysteria, obsessional neurosis, agoraphobia, etc., etc.—feel their symptoms to be 'uncanny'. Side by side with the mechanisms already familiar to us we may note the fact, less frequently emphasized, that in every neurosis a certain measure of infantile omnipotence finds realization. For instance, an hysterical patient may suffer from 'unreasoning' anxiety, which proves to be a defence against her unconscious incestuous wishes and the ego's danger-signal at the threat of their fulfilment. Yet at the same time she is enabled to keep her father constantly with her, i.e. to put into practice some of her infantile omnipotence.

the dangers of its instinctual impulses with their sequel of castration.

In this description I have omitted to refer to an intermediate stage which, in analysis, often long precedes the sense of the uncanny. I mean the desperate fight put up by the patient against the recognition of the omnipotence of the unconscious. We can observe the fury aroused in him as larger and larger tracts of his being are proved to be under the dominion of the unconscious. For example, one of my patients flew into a passion when his sweetheart, who had concluded an analysis, said of a film (' *Ekstase* ') that it was only intelligible or interesting to people who had been analysed. ' Can't we get away from this confounded analysis even at the cinema ? ' he replied, by way of defensive reaction.

(5) A sense of the uncanny is experienced when we witness the sudden and unexpected downfall of someone in power.

For a few seconds the old infantile feelings of omnipotence and ambivalence are mobilized, while, at the same time (in order to discharge the sense of guilt), the subject identifies himself with those who have brought about the downfall, and the ego in self-defence gives the danger-signal in the form of the feeling of the uncanny.

(6) Manifestations of unconscious psychic institutions—the id and the super-ego—arouse a sense of the uncanny.

We may distinguish three such manifestations :

(*a*) The compulsion to confess and the desire for punishment.

(*b*) The repetition-compulsion.

(*c*) Repressed instinctual desires.

(*a*) *The Compulsion to Confess and the Desire for Punishment.*

A woman who suffered from severe hysteria confessed one day to her husband (without any urgent reason for so doing) that she had repeatedly been unfaithful to him. Shortly afterwards, she began analysis, in which she stated that it was impossible for her to convey the feeling of ' inner tension ' which she had had during the days preceding her confession, or the sense of an ' uncanny urge ' to reveal her

Compare in this connection Ferenczi's attempt in 1913, in his ' Stages in the Development of the Sense of Reality, to link up the choice of a particular neurosis with a given omnipotence-phase in childhood. He writes: ' Hysteria and obsessional neurosis would . . . be characterized on the one hand by a regression of the libido to earlier stages of development (auto-erotism, the Œdipus situation) and on the other hand in their mechanisms by a relapse of the reality-sense to the stage of magic gestures (conversion) or of magic thoughts (omnipotence of thought) ' (p. 200).

secret. She never thought of the consequences of her confession: her husband divorced her, and she, being the 'guilty party', was left unprovided for. It was only after her confession, when she suffered a 'nervous breakdown', that she became conscious of what she had brought on herself. Analysis shewed that her inner desire for punishment was very strong; her sense of guilt naturally belonged to the Œdipus period, and so too her sadistic wish to 'punish' her father (husband) by her confession. But it shewed further that she had infantile feelings of omnipotence of something like the following form: 'My father *must* love me, his child, even if I do the most impossible things. Am I not omnipotent?' This trial of strength was, of course, completely unconscious; in this instance the feeling of the uncanny was an *unsuccessful* anxiety-signal, warning the subject of an inner instinctual danger.

Having once noticed this mechanism in the compulsion to confess, I have invariably been able to detect it in such cases and in the desire for punishment, side by side with the familiar motives established by Freud, Reik and Alexander. At the same time, the sense of the uncanny which precedes a particular act of confession or self-punishment has undoubtedly other determinants as well, for example, that which we have already noted: the recognition that one stands to some other person or power in the relation of object and not, as one imagined, of subject. By this 'other' in these cases is meant the super-ego, i.e. the introjected parental authority A further determinant is the intrapsychic recognition of the inner instinct of destruction.

In literature we have an example of this group in Poe's tale: 'The Imp of the Perverse',[12] a story which testifies to the writer's intuitive perception of the power of unconscious forces. He tells how a man planned the murder of a rich relative and, having succeeded in his design, inherited the dead man's property, became rich and respected and enjoyed for years the fruits of his crime:

'One day, whilst sauntering along the streets, I arrested myself in the act of murmuring, half aloud, these customary syllables ["I am safe"]. In a fit of petulance, I re-modelled them thus: "I am safe—I am safe—yes—if I be not fool enough to make open confession."

'No sooner had I spoken these words, than I felt an icy chill creep to my heart. I had had some experience in these fits of perversity

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[12] The works of E. A. Poe: *Tales of Mystery*, Oxford University Press, Humphrey Milford, London, 1927.

(whose nature I have been at some trouble to explain), and I remembered well that, in no instance, I had successfully resisted their attacks. And now my own casual self-suggestion, that I might possibly be fool enough to confess the murder of which I had been guilty, confronted me—as if it were the very ghost of him whom I had murdered—and beckoned me on to death.

'At first, I made an effort to shake off this nightmare of the soul. I walked vigorously—faster—still faster—at length I ran. I felt a maddening desire to shriek aloud. Every succeeding wave of thought overwhelmed me with new terror, for, alas! I well, too well,understood that to *think*, in my situation, was to be lost. I still quickened my pace. I bounded like a madman through the crowded thoroughfares. At length, the populace took the alarm, and pursued me. I felt *then* the consummation of my fate. Could I have torn out my tongue, I would have done it—but a rough voice resounded in my ears—a rougher grasp seized me by the shoulder. I turned—I gasped for breath. For a moment, I experienced all the pangs of suffocation. I became blind, and deaf, and giddy; and then, some invisible fiend, I thought, struck me with his broad palm upon the back. The long-imprisoned secret burst forth from my soul.

'They say that I spoke with a distinct enunciation, but with marked emphasis and passionate hurry, as if in dread of interruption before concluding the brief but pregnant sentences that consigned me to the hangman and to hell.

'Having related all that was necessary for the fullest judicial conviction, I fell prostrate in a swoon.

'But why shall I say more? To-day I wear these chains, and am *here!* To-morrow I shall be fetterless!—*but where?*'

(*b*) *Repetition-compulsion*

A woman, aged 42, who was being treated by analysis for impaired capacity for work, with suicidal impulses, asserted at the beginning that all men were impotent. On my pointing out that this was an exaggeration, she retorted with a list of her lovers (several dozen in number) in proof that her assertion was 'correct': all of them, she said, had been more or less impotent. I was able to prove to her that she herself (out of her unconscious wish to revenge herself—originally on her father) had selected, with an infallible instinct, only such men as were impotent. She made fun of this interpretation, saying that she had no divining-rod for detecting impotence. After some time

she entered into a fresh relation with a man whose appearance was 'simply dazzling'. When it turned out that this Casanova was also impotent, the patient had for a moment or two the conviction that the analytical interpretation had been correct, and this gave her an 'uncanny' feeling. When analysed, this feeling was shewn to be made up of terror at the intensity of *her own* unconscious desires for omnipotence, as manifested in her unerring choice of an object, and, at the same time, terror at the analysis, i.e. projection of her own omnipotence on to the physician who happened to be analysing her.

(*c*) *Repressed Instinctual Desires*

On this point I have nothing to add to what I have already said, namely, that the sense of the uncanny is an alarm-signal given by the ego at the idea of its own omnipotence.

(7) A sense of the uncanny is produced by certain specific forms of cynicism.

Often, when people hear a cynical utterance, they experience a sense of the uncanny. With regard to the 'mechanism of cynicism' I may refer to my paper on the subject, as already cited. Amongst the sixty-four specific forms of cynicism there enumerated there are certain which make an uncanny impression. For instance, there is the ideological cynic, the man who is cynical in the hour of death, the man who is cynical about greatness, the megalomaniac who has had to adjust his delusion to reality, the cynic who sets no value on the lives of others, the man who is cynical when 'all is lost', the man who utters covert cynicisms, the experimental cynic, etc., etc.

The reason why cynical utterances make an uncanny impression is this: By means of a complicated mechanism which takes the super-ego captive ('the mechanism of cynicism') the cynic succeeds in acting out his inner aggression and ambivalence. To the onlooker he seems to be free from any feeling of guilt or inhibition.[13] This arouses the infantile ideas of omnipotence of the listener, whose ego then reacts with the anxiety-signal of the sense of the uncanny.

On the other hand 'every form of cynicism contains an element of infantile megalomania. The cynic pictures himself as on a loftier

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[13] We have here a transition to the type of case, described earlier, in which the subject experiences a sense of the uncanny on witnessing the aggressive behaviour of another, who apparently acts without any sense of guilt.

level than the rest of mankind. At bottom, the typical cynic is a childish swaggerer who wants to treat everyone *de haut en bas*, in order to revenge himself for the feeling he so often had in childhood of being thus treated by heartless grown-ups. A great deal of cynicism is the expression of the old Œdipus conflicts.' [14]

Finally, every cynical utterance is a challenge to the listener to admit his own inner ambivalence and aggressive impulses:

'The cynic always gambles on the unconscious ambivalence of his listeners. In the dramatized version of Dreiser's *American Tragedy*, a member of a week-end party, who hears that a man has thrown his mistress into a lake, says: "I always say they don't use the lake enough." In every cynical utterance the challenge to the listener is implicit: "Confess that in your heart you think exactly the same as the cynic who rouses your indignation"' [15]

We see then that the anxiety-signal in such cases is in part to be regarded as a response to repressed instinctual desires. (See section 6: The sense of the uncanny produced by manifestations of unconscious institutions; group *c*, p. 34.)

(8) A sense of the uncanny is produced when the subject's own omnipotence is projected on to others.

We know that, at a certain stage, anxiety and the prohibition of the super-ego render a child's idea of his own omnipotence so intolerable to him that, since he will not abandon it altogether, he transfers it to other people or institutions (those in authority, God, Fate, etc.[16]).

[14] 'Zur Psychologie des Zynikers,' p. 40.

[15] *Ibid.*, p. 35.

[16] In connection with this seeming renunciation of omnipotence it is interesting to note that there is an intermediate phase in which children try to preserve their omnipotence by making various concessions. In *John Christopher*, Vol. I, p. 22, Romain Rolland depicts this process with a marvellous delicacy of observation:

'He was also a magician. He walked with great strides through the fields, looking at the sky and waving his arms. He commanded the clouds. He wished them to go to the right, but they went to the left. Then he would abuse them, and repeat his command. He would watch them out of the corner of his eye, and his heart would beat as he looked to see if there were not at least a little one which would obey him. But they went on calmly moving to the left. Then he would stamp his foot, and threaten them with his stick, and angrily order them to go to the left; and this time, in truth, they obeyed him. He was happy and proud of his power.'

This scene describes what we might call 'omnipotence at the cost of

But in the unconscious this transference to some element of the outside world is at bottom merely nominal: unconsciously human beings hold firmly to the belief that it is *their own* omnipotence which they have hidden away *in partibus infidelium*. They have, as it were, simply made use of a lay figure. Naturally, the situation is very soon reversed and the dictum of Goethe is justified: 'We depend most of all on creatures of our own making', the more so in that the whole process is unconscious. The result is that every manifestation of the derivative omnipotence (in others) acts as an *agent provocateur* upon its headquarters in ourselves, stirring up the 'infectiousness of the taboo'. Hence we have the sense of the uncanny as the anxiety-signal of the ego.

The uncanny feelings aroused by such figures as the devil, one's double, and also demons may be explained in just the same way.

(9) A sense of the uncanny is produced by 'impenetrable' silence on the part of another person.

The typical external conditions of the uncanny are as follows: darkness or twilight, drawn-out uncertainty, 'ghostly' outlines, stillness or silence. All these things arouse unconscious castration-anxiety. What is *hinted at* creates, as we know, a more powerful impression than the actual deed of horror, for, as Freud has shown, the genuinely uncanny is simply the infusion of our own unconscious anxiety into the real situation. Reik quite correctly makes a similar statement in respect of exhibitions and scoptophilia.[17]

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concessions'. A patient of E. P. Hoffmann's coined the term: 'permission granted after the event' for a similar process. The phases through which the omnipotence of children passes are very complicated and diverse. The transitions from one phase to another are in fact analytically a *terra incognita*; writers content themselves with some such phrase as: 'Children learn little by little . . . etc'. I myself have in preparation a study of the transitional stages through which the infantile idea of omnipotence passes and the forms in which it manifests itself.

[17] 'The result of the intensification of the sense of shame was that fore-pleasure came to be sought also from the uncovering of the bodily parts adjacent to the genitals. The curiosity of the scoptophiliac caused him to trace in phantasy the contours of the female body under its draperies and the least uncovering of that which was normally covered kindled this phantasy. Since the aim of this desire to uncover was not wholly attainable, the wish attached itself to the separate stages in the act. Every detail of the uncovering stimulated the onlooker to picture the naked body.

Amongst the external conditions which produce the sense of the uncanny, stillness and silence occupy a special place. Over and over again in literature do we read of a silence which made an uncanny impression.

Let us first consider the analyst's silence during analysis, which, in certain resistance-situations, has this effect on the patient. In an interesting study [18] on the subject of silence Reik shews that this silence of the physician during the treatment is interpreted by the patient in various ways: at first, it has a comforting, calming effect, as signifying that the analyst is taking an interest in him, but gradually it becomes more and more 'uncomfortable' and the patient feels that it is a punishment and a withdrawal of love and, thereupon, the compulsion to confess is set in motion. Reik lays the main emphasis on the fact that protracted silence on the part of the analyst serves to evoke the unconscious compulsion to confess. In this observation he is undoubtedly correct, even though I do not think that all analysts employ this means so extensively as Reik himself seems to do.

It is surprising that Reik's study contains no psychological evaluation of the uncanny impression produced by silence. On p. 113 ff. we read: 'The physician's silence assumes in the unconscious the character of a punishment. In certain situations, when this impression grows stronger, it may convey to the patient an urgent question, a dark threat; it may even amount to an *uncanny* accusation. It is as though it addressed itself to the patient's mute sense of guilt, with an effect more powerful and direct than that of any human speech could be. We can understand these feelings. The patient is in a state of exasperation, accentuated and heightened by his memories of former frustrations; his sense of rebellion and indignation at the analyst's lack of feeling has developed to the point of impulses of violent hostility. The unconscious extension of these aggressive and embittered tendencies has led to death-wishes against the silent partner. The analytic situation, hovering, as it does, between material and psychic reality, often causes an idea to come into the patient's mind, against all the reasonable arguments of the ego—the thought, namely, that the

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Women met this libidinal tendency half-way by their mode of dress: now one part of their bodies and now another was exposed to the gaze'.

'Anspielung und Entblössung', *Die psychoanalytische Bewegung*, I, 1929.

[18] 'Die psychologische Bedeutung des Schweigens'. In *Wie man Psychologe wird*. Internationaler Psycho-analytischer Verlag, p. 101 ff.

analyst might be dead. One patient used to express this by saying that in such situations he felt as if the analyst were far away. As we have learnt from dream-analysis and from the interpretation of myths and fairy-tales, silence is for the unconscious mental life one of the characteristic signs of the state of death. Here, once more, we see the unconscious mechanism of projection at work, for the anxiety experienced in such cases is a reaction to strong, unconscious death-wishes against the analyst. Sometimes the impression produced by this silence on his part is so powerful that the patient implores: " Please, do say something ! " or " Please, speak to me ".'

This is an excellent description, but one point is lacking, namely, the stressing of the uncanny element. For we have to add that in such situations patients have a very definite sense of the uncanny. This is to be explained not merely as due to castration-anxiety but also as the defensive signal given by the ego on the approach of danger from the subject's inner omnipotence. There are two reasons for this danger-signal: (*a*) it is a defence against that inner omnipotence and (*b*) there is identification with the ' omnipotent ' analyst.

Reik points out (*loc. cit.*, p. 123) that in general ' people often talk because they cannot endure silence. This sort of convulsive talking at all costs seems to shew that there may be in silence something *uncanny*, which people try to escape '. The author then speaks of ' the latent meaning of silence as an indication of the operation of the death-instincts '. While admitting the correctness of this supposition I would still assert that, at bottom, the power of ' uncanny ' silence is derived from infantile ideas of omnipotence.

We have an interesting historical example of the uncanniness of silence. It was the habit of Robespierre, when approached in his own house by his opponents or by petitioners, to regale them with this same ' uncanny ' silence. We have a description of this in Barras' *Memoirs* (Vol. I, p. 183 ff.)[19]:

' Robespierre was standing, wrapped in a sort of *chemise-peignoire ;* he had just left the hands of his hairdresser, who had finished combing and powdering his hair ; he was without the spectacles he usually wore in public, and piercing through the powder covering that face, already so white in its natural pallor, we could see a pair of eyes whose dimness the glasses had until then screened from us. These eyes fastened themselves on us with a fixed stare expressive of utter

[19] *Memoirs of Barras*, Osgood, McIlvaine & Co., London, 1895.

astonishment at our [20] appearance. We saluted him after our own way, without any embarrassment, and in the simple fashion of the period. He shewed no recognition of our courtesy, going by turns to his toilet-glass hanging to a window looking out on the courtyard, and then to a little mirror, intended, doubtless, as an ornament to his mantelpiece . . . taking his toilet-knife, he began scraping off the powder, mindful of observing the outlines of his carefully dressed hair; then doffing his *peignoir*, he flung it on a chair close to us in such a way as to soil our clothes, without apologizing to us for his action, and without even appearing to notice our presence. He washed himself in a sort of wash-hand basin which he held with one hand, cleaned his teeth, repeatedly spat on the ground right at our feet, without so much as heeding us, and in almost as direct a fashion as Potemkin, who, it is known, did not take the trouble of turning the other way, but who without warning or taking any precaution was wont to spit in the faces of those standing before him. This ceremony over, Robespierre did not even then address a single word to us. Fréron thought it time to speak, so he introduced me, saying, " This is my colleague Barras, who has done more than either myself or any military man to bring about the capture of Toulon. . . . It is rather distressing, when men have shewn themselves as willing as ourselves, not to receive simple justice, but to see ourselves the object of the most iniquitous charges and the most monstrous calumnies. . . ."

' Robespierre still remained silent; but Fréron thought he noticed, by an almost imperceptible shadow which flitted over his motionless features, that the *thou*, a continuation of the revolutionary custom, was distasteful to him, so, pursuing the tenor of his speech, he found means of immediately substituting the word *you*, in order to again be on good terms with this haughty and susceptible personage. Robespierre gave no sign of satisfaction at this act of deference; he was standing, and so remained, without inviting us to take a seat. I informed him politely that our visit to him was prompted by the esteem in which we held his political principles; he did not deign replying to me by a single word, nor did his face reveal the trace of any emotion whatsoever. I have never seen anything so impassible in the frigid marble of statuary or in the face of the dead already laid to rest. . . .

' Such was our interview with Robespierre. I cannot call it a

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[20] Barras's and Fréron's.

conversation, for his lips never parted; tightly closed as they were, he pursed them even tighter; from them, I noticed, oozed a bilious froth boding no good. I had seen all I wanted, for I had had a view of what has since been most accurately described as the *tiger-cat*. . . . After having recalled the repulsively harsh traits of this surly and implacable physiognomy . . .' etc., etc.

Everything we know of Robespierre leads us to suppose that his was a character of the obsessional neurotic type. This is, moreover, evident from the fact that he employed this ominous, consistent silence *as a method;* only obsessional neurotics can consistently keep up this form of aggression. The uncanniness of this silence of Robespierre is testified to in various quarters: Barras's swagger does not conceal his anxiety from us.

(10) A sense of the uncanny is produced by something ineluctable.

The most telling example of this type of uncanny feeling is that experienced by anyone who knows that the death of another is imminent. On account of unconscious feelings of omnipotence the person who has this knowledge feels as if at the same time he were the author of the death-sentence. Part of the shock he undergoes is due to the sense of guilt thus evoked (and to his unconscious death-wishes). In many neurotic physicians the mechanism of omnipotence is also brought into play as a compensation, by way of defence against their own helplessness to cure.

We have a literary example of this type of feeling in a passage in Schnitzler's last novel: *Flight into Darkness*,[21] in which the following recollection of the hero's is described (pp. 18–19):

'With his brother Otto, Lieutenant Höhnburg, and other intimate acquaintances, he [the hero] had gone, after the races in the Freudenau, to a crowded Prater beer-garden. Höhnburg had been the loudest and gayest of them all, louder and more exuberant than usual, and it did not strike anybody as strange that he gave the waiter a prodigal tip. But on the way home, Otto [who was a nerve specialist] had taken his brother aside and told him confidentially what no one else suspected as yet, but what Otto, as a physician, had known with absolute certainty for many days—that their friend Höhnburg was incurably insane and would be dead in three years at the very longest. Robert at first refused to believe that the young cavalry officer, who was the picture of robust health, and his friend besides, was a marked, a condemned

[21] Cassell & Co. Ltd., London, 1932.

man. But when, finally, he was obliged to give in to his brother's professional knowledge, the character and behaviour, the very presence of his friend began to be progressively more and more *uncanny* to him ; he avoided speaking to Höhnburg, indeed was terrified lest the other should turn towards him and perhaps attempt to take his arm. He disappeared from the party, without bidding anyone good night. A very few days later Höhnburg had a mental attack and was consigned to an institution.'

The fact that the hero felt that there was something uncanny, not about himself but about his friend, is accounted for by projection. And again, the mechanism of displacement was at work when, later on, he ascribed his omnipotence to his brother : in fact, Schnitzler's novel is the story of a paranoiac.[22] Once more, the sense of the uncanny is seen to be the ego's anxiety-signal when confronted with the inner danger of the subject's own omnipotence.

(11) A sense of the uncanny may accompany the sense of time or the ' feeling of infinity '.

From the analytical point of view we know almost nothing about the development of the sense of time. All that we have is Harnik's assertion that it is connected with the introjection of the father-imago.

It is, however, a fact that in some people the attempt to think out the ' feeling of infinity ' rouses a sense of the uncanny. For instance, an obsessional patient of mine used to ' think backwards and forwards into eternity ', as a mode of self-torment. (Really, of course, he was also seeking gratification from phantasies of omnipotence.) He used to picture how, *after his death*, thousands of millions of years would pass : ' One year and then another and so on for ever '. Or, reversing the mechanism, he would let the years reel off backwards into the past. This gave him a feeling of the uncanny, but he particularly stressed that the ' backward ' sense of time was much the more torturing of the two. Analysis shewed that, apart from the anal motivation (indicated by the very choice of the word : the *backward* sense of time), this mechanism had the following significance, of which the patient was, of course, quite unconscious : His ideas of his own omnipotence suffered a profound narcissistic mortification from the thought that, at a time when he himself did not exist, his father was able to be

[22] In other similar cases the uncanniness is ascribed to Fate. Writers have a predilection for paraphrasing this projection of their own omnipotence in some such words as these : ' One had the sense of the approach of Fate '.

with his mother. The father had had the ' start ' of him, and the patient now got even with him and humbled him by imagining how his grandfather was able to be with his grandmother before his father arrived on the scene. This annulment (i.e. in the unconscious, this killing) of his father confirmed the patient in the idea of his own omnipotence and thereupon, as a defence-reaction, the ego gave the danger-signal of a feeling of the uncanny. ' Thinking *forward* into eternity ' directly ' confirmed ' his omnipotence-phantasies, for it might be predicted that he would still be living many years after the death of his father, who was a man of sixty-eight. The reason why, in his conscious imagination, his ' thinking forward ' started from his own death (and not from that of his father) was that his sense of guilt led him to identify himself with the latter, for whose death he had wished.[23]

The very common thought of a life after death has in the unconscious a twofold significance. On the one hand, as Freud has shewn (' Thoughts for the Times on War and Death ', 1915 [24]), we are all, in the unconscious, convinced of our immortality, for the idea of our own death is not there represented ; on the other hand, our infantile belief in our omnipotence is supported by this notion. Such a deduction is in no wise contradicted by the hypothesis of the death-instinct, for even our own death may be affirmed instinctually, thus making it subject to our own omnipotence again.

(12) A sense of the uncanny may be experienced when that which was begun in play passes into ' deadly earnest '.

In a story by Villiers de l'Isle-Adam [25] the lover of the Queen Ysabeau, Vidame de Maulle, enters on a wager, when in his cups, that in a short time he will succeed in seducing a young and notably virtuous girl, the daughter of Messer Escabala :

' One night, not long after this, my lord of Maulle was with the Queen, at the Hôtel Barbette. The hour was far advanced ; the weariness of their pleasure had sent the two lovers to sleep. Suddenly M. de Maulle thought he heard, in Paris, the sound of bells, rung in single mournful strokes. He rose up. " What's that ? " he asked.

[23] The processes in this case no doubt link up with those described in section 4. In general, the separate groups are not in reality sharply divided but rather flow into one another.

[24] *Collected Papers*, Vol. IV.

[25] Queen Ysabeau, *Sardonic Tales*, Alfred A. Knopf, New York and London, 1927.

" Nothing—never mind ", answered Ysabeau playfully, never opening her eyes. " Nothing, my lovely queen ?—Is it not the tocsin ? " " Perhaps it may be—and what of it, my friend ? " " Some great house afire." " Just what I am dreaming ", said Ysabeau. A smile as of pearls opened the lips of the dozing beauty. " In fact, in my dream ", she went on, " it was you who had lit the blaze. I saw you hurl a torch into the stores of oil and forage, my pretty one." " I ? " " Yes." She drew out her syllables, languishingly. " You were burning the lodging of Messer Escabala, my silversmith, you know—to win that wager of the other day." My lord of Maulle half opened his eyes again, scared by a vague disquietude. " What wager ? Aren't you still asleep, my angel ? " " Why, your wager to be the lover of his daughter, little Bérénice, with her lovely eyes ! Oh, what a good child and a pretty one, eh ? " " What are you talking of, dearest Ysabeau ? " " Have you not understood me, my lord ? I was dreaming, as I told you, that you had set fire to my silversmith's dwelling, so as to carry off the daughter during the blaze, and make her your mistress, and win your wager." The nobleman looked round him, and was silent. In very truth, the glow of a distant conflagration was lighting the coloured panes of the room. Beams of purple made the ermines of the royal bed seem as if blood were upon them ; the fleurs-de-lys of the scutcheons, and those which were dying in the enamelled vases, were turning red ! And red likewise were the twin goblets on a credence-table laden with wines and fruits. " Ah, I remember ! " said the young man, half to himself, " 'Tis true : I sought to draw the eyes of the courtiers to this child, to divert them from the sight of our own happiness !—But see, Ysabeau, this is a great conflagration, in all reality—and the flames are rising from the direction of the Louvre ! " At his words, the queen raised herself on her elbow, turned a fixed and silent gaze upon the Vidame de Maulle, shook her head, and, with a lazy laugh, laid a long kiss upon the lips of the youth. " Tell that to Master Cappeluche, when he has you on the wheel, on the Place de Grève one of these days. You're a base incendiary, my loved one ! " The perfumes from her limbs, limbs of the Orient, dazed and burned the senses till he was bereft of the power of thinking, and she pressed close against him. On and on rang the tocsin. From afar came up the cries of the crowd. Jesting, he answered her : " Still, they would have to prove the crime ! " And he returned the embrace. " Prove it, little villain ? " " Would they not ? " " Could you prove the number of kisses you have had of me ? As well seek to count the

butterflies that flutter past on a summer's evening!" He gazed on this ardent mistress—so pale withal!—who had lavished on him the joys and abandonments of the most marvellous delights. He took her hand. "And in any case", went on the young woman, "'twould be an easy matter. Why, whose interest would stand to gain by a fire for abducting the daughter of Messer Escabala? Yours alone. Your word is pledged in a wager!—And as you would never be able to tell where you were when the fire began, you see, that would be good enough at the Châtelet, as a basis for criminal trial. An instruction is opened first, and then"—she yawned gently—"torture does the rest." "I—I could not tell where I was?" asked M. de Maulle. "Certainly not, you silly child, because, in the lifetime of King Charles VI, you were at that very hour in the arms of the Queen of France!" Death, indeed, and horrible death, loomed up from both sides of the accusation. "True!" said my lord of Maulle, under the spell of his mistress's gentle look. He sought forgetfulness, clasping with one arm that youthful waist, supple under the fall of the warm hair, red as burnished gold. "Dreams, only dreams!" he said. "Dear life of mine!" He had made music during the evening; his lute was flung upon a cushion; a string snapped, untouched. "Sleep, my angel! You are hungry for sleep!" said Ysabeau, drawing the youth's brow softly on to her bosom. The sound from the instrument had made him start. Lovers have their superstitions.

'Next day, the Vidame de Maulle was arrested, and thrown into a dungeon of the Grand Châtelet. The trial began, according to the accusation that had been foretold. And all went forward exactly as he had been warned by the exalted sorceress, "whose beauty was so potent that it could not but survive her loves." It was impossible for the Vidame to produce what is called in judicial terms an *alibi*. Sentence of death by breaking on the wheel was pronounced, after examination by torture, ordinary and extraordinary, during the interrogations. The penalty of the incendiary, the black veil, and all the rest—nothing was passed over.'

There is no denying that this story makes an uncanny impression, even when we allow for what Freud has pointed out, namely, that often something seems uncanny in literature which would not be so in life, and *vice versâ*. The writer has exploited a double mechanism in the mind of the reader: masochistic identification with the victim and sadistic identification with the queen. In both cases the feeling of the uncanny can be brought back to unconscious infantile ideas of

grandeur and to the ego's defence, represented by the anxiety-signal.

(13) A sense of the uncanny is experienced by a particular group of masochists.

My remarks on this point are based on a paper by Ludwig Eidelberg, entitled : ' Zur Metapsychologie des Masochismus ', in which he shews that a certain type of masochist brings about his own discomfiture by a complicated and roundabout process, the essential condition of which is that the reverse which he suffers shall have been unconsciously *manufactured by himself*. By this means he manages to a great extent to preserve his unconscious megalomania and to secure expression for it.

' In the transition from the pleasure-principle to the reality-principle the mortification sustained by the subject's " infantile megalomania" is felt to be particularly painful. To this mortification the masochist reacts with the " masochistic mechanism " which works as follows : The perception of the mortification inflicted by the outside world is eliminated by a second mortification which, however, in contrast to the first, does not come from without but is brought about by the masochist himself and put in the place of the former. This process is *unconscious ;* when it is interpreted to a patient in analysis, he violently resists the idea. The reason for his resistance is that the " masochistic mechanism " works only so long as it is unconscious, i.e. so long as the self-inflicted discomfiture (mortification) resembles one inflicted by the outside world and so can be substituted for it. The ego's behaviour is comprehensible, because the unconscious part of the ego knows the meaning of the masochistic mechanism. The sensations of pleasure and pain are experienced by the masochist just as by the normal person. It is true that his activities are designed to cause him pain, but it is pain brought about by self-inflicted mortifications. Those inflicted by the outside world he avoids even more than the normal person ; by means of the " masochistic mechanism " he is able largely to escape the pain which springs from such external mortifications. Hence the " masochistic mechanism " serves the ends of the pleasure-principle and protects the infantile megalomania of the masochist.'

I have had two cases which confirm Eidelberg's hypothesis. The following is one of them : A masochist, who used to chain and scourge himself, tried to start a flirtation with a waitress in a cheap restaurant whom he invariably called ' gnädige Frau '. The girl thought he was making fun of her and refused to be addressed in this way, saying :

' My name is Mitzi '. When, however, during the next few days the patient persisted in his mode of address, she felt that she was being made a fool of and refused to have anything to do with him. He could not understand why he was always unsuccessful. He had the feeling of something uncanny, and put it as follows: ' It is quite uncanny how everything goes wrong with me '. In reality, the sense of the uncanny was the ego's defence against his idea of his own omnipotence.

The same idea (*mutatis mutandis*) is indirectly borne out in a story by Villiers de l'Isle-Adam: ' The Hallucinations of Monsieur Redoux '. The mayor of a small French provincial town is staying in London on business. One day, when it suddenly begins to rain, he takes refuge in an exhibition of wax-works. There he sees the frame of a guillotine, and reads in the catalogue that according to well authenticated documents, it is the very one on which Louis XVI was executed. Redoux eludes the attendant and remains inside when the exhibition is locked up for the night.

' . . . At this moment, one of the attendants called out loudly that it was closing time. The lights in the chandeliers were rapidly extinguished and the last visitors, who seemed reluctant to leave, gave a final lingering look at their fantastic surroundings before quitting the scene.

' Meanwhile, M. Redoux, having in some measure recovered from his first excitement, had conceived a strange idea, a wish *uncannily* sinister and yet ardent, which he had neither the power nor the will to resist. " Oh ! " thought he, " if only one could get to know in one's own person—of course, without running any risk oneself—the frightful sensations endured by good King Louis XVI on this fateful platform. . . . To be able to put oneself in his place. . . . To hear in imagination the rolling of the drums and those last words, addressed to him by Abbé Edgeworth de Firlemont. . . . And then to do full justice to one's moral generosity by indulging in the luxury of lamenting him (sincerely lamenting him, without regard to any political convictions). After all this poor king had been an excellent paterfamilias, a good man, almost too good and magnanimous, a man who had all the virtues and good qualities of which Redoux was conscious in himself. How splendid to experience such a sensation ! What sweet tears one would shed ! . . . Yes, but in order really to experience all this, to taste these sensations to the full, the one thing needed was to manage to stay quite alone in this room and in front of the guillotine. . . . Then, all by

oneself and without being seen by anybody, one could freely abandon oneself to these intoxicating feelings. But how was one to do it? However could it be managed?" This was something like the singular train of ideas which took shape in the brain of worthy M. Redoux over-excited as it was by free indulgence in French and Spanish wines. He looked at the ends of the posts; the connection between them was, that evening, hidden by a little curtain which concealed the fatal blade—perhaps out of consideration for the over-sensitive, who might not have been able to bear the dreadful sight. M. Redoux was so completely dominated by his strange whim that he could not rid himself of it. He therefore had recourse to a stratagem by which he hoped to fulfil his wish. "Bravo!" he murmured, "I know what to do. I am not really running any risk, for afterwards I need only hammer on the doors and they will open them quickly enough. I have got matches. The light of a gas-lamp will be enough for my purpose. . . . I shall say that I went to sleep, and then I will press half a guinea into the attendant's hand. It is well worth it."

'Cautiously and on tiptoe he felt his way through the rows of dimly seen kings and queens, till he reached the fatal platform and slowly climbed the steps leading up to the horrible machine. The wooden scaffold was so placed as to be visible from all parts of the hall. Redoux closed his eyes, in order to immerse himself wholly in those dreadful scenes of the past, and large tears rolled down his cheeks. He thought of the tears once shed by the aged Malesherbes, who had to conduct the king's defence. Before the National Convention words had failed him and his only plea was an outbreak of bitter weeping.

'"Unhappy monarch!" cried Redoux, with a sob, "Oh, how well I understand you! How you must have suffered! You were led astray from your childhood on. You became the victim of your time. With all my heart I grieve for you. . . . One father of a family understands another! . . . Your crime was that you wore the crown. . . . But I too have held a high office: I have been a mayor! And", our sympathetic gentleman continued in a faltering voice and making a rather timid gesture as though he had to support someone, "Courage, Sire, courage! . . . We are all mortal. . . . Will Your Majesty deign . . ." Then, surveying the plank and rocking it gently: "To think that he laid himself down on this!" murmured the excellent man, "Yes, it seems we must have been about the same height—and he was stout, like me. . . . It looks as if the whole scaffold were still in good condition, it is solidly built. . . . Oh, what can have been the last thoughts

of the unhappy king, as he lay on this plank ! . . . In three seconds as many centuries must have passed before his mind."

' " But seriously ! M. Sanson is not here ; how would it be if I lay down on the fatal plank ? . . . Just for a few minutes—just to know . . . to try to put myself in the king's place." So saying, the worthy M. Redoux took a sudden decision and, with an expression of resignation, he slowly bent down and stretched himself on the inviting plank suspended in front of him. He did this so adroitly that he was able to look between the segments of the circle formed by the two semi-circular pieces of the framework, one above the other, with a wide space between. " There ! " said he, " Now let's lie here quietly for a little while and reflect. Oh ! what mental torments the unhappy monarch must have gone through here. . . ." His eyes grew moist and he wiped them with his handkerchief.

' The plank was an extension of flat board which sloped towards the posts. To stretch himself out more comfortably, Redoux moved slightly, with the result that the plank slid forward to the edge of the scaffold. And thus it came about that the former mayor also slipped forward, till his neck rested on the lower semicircle of the framework. " Yes ! Poor king, I understand and I bewail you ", sighed good M. Redoux, " it really is a comfort to me to think that, once you lay here, at least your sufferings were soon over." With these words he moved, in order to get up again, when suddenly, close to his right ear, he heard a faint, creaking sound. Crack, crack ! It was the upper semicircle, which the movement of the suspended plank had shaken and which suddenly came rushing down, and, no doubt interlocking at once with the springs of the lower semicircle, gripped the neck of the mayor and made him a prisoner. The estimable M. Redoux was seized with a *deadly terror ;* in vain he turned this way and that, he could not free himself, he was caught like a mouse in a trap. His trembling hands groped about convulsively—but where was he to find the secret spring which would liberate him ? Curiously enough, he had in an instant become completely sober. His face grew *deathly pale* and he felt the blood racing through his veins with fearful speed, his eyes rolled stupidly, his limbs shook, his teeth chattered, finally his whole body became cold and rigid. Wholly under the spell of his phantastic ideas, he had persuaded himself that, since M. Sanson was not there, there was not the smallest danger. And now he lay held prisoner by two wooden collars, while, scarcely seven feet above him and encased in a weight of no less than a hundred pounds, there hung the fatal knife !

He told himself that perhaps the wood of the posts was worm-eaten or the springs rusted away and that, in his frantic twistings, he was every instant in danger of touching the button which caused the blade to descend.

'And then—well, then his head would fall at the waxen feet of the phantoms around him; whom he imagined he could distinctly see by the dim light of the lantern, watching him with staring eyes and waiting for that awful moment! "Help!" he croaked, but he did not dare to repeat his cry, for in his agonizing terror he imagined that even the vibration of his voice might be enough to—to—to——. At this thought a cold sweat broke out on his forehead; then he felt as if swarms of ants were creeping over his skull, for his shuddering horror at the death which threatened him and also the hideous absurdity of such an end so agitated him that his hair and his beard gradually turned white. This is a phenomenon often observed in persons condemned to death, during the agony of their last toilet. The minutes seemed to him longer than days. Suddenly the wood gave a loud crack and he fainted away. After some two hours he came round and, when he once more became conscious of his situation, he experienced with renewed keenness all the torments he had already undergone. The gnawing of a little mouse filled him with such terror that again his senses left him and he lost consciousness.'

The last two conditions which I would enumerate as productive of a sense of the uncanny are these:

(*a*) Depersonalization.

The whole complex of depersonalization is discussed in a paper now in preparation by Eidelberg and myself. Accordingly I will not deal in greater detail with the sense of the uncanny in this connection but will merely remark that what has been said in the present paper as to the factors by which it is determined could also be very largely applied to the state of depersonalization.

(*b*) The *non*-fulfilment of an unconscious infantile anticipation relating to castration.

One of my patients always experienced a sense of the uncanny in the presence of Jews. There were many things about them that struck him as uncanny, though he could give only the most inadequate reasons for his feeling. Analysis shewed that his aggressive wishes in relation to his father were inhibited by his anticipation of castration, which he equated with death. He regarded Jews as castrated beings who yet survived. This acted as a temptation for his unconscious aggressive

desires, for he felt that all his renunciation of aggression was meaningless.[26] The sense of the uncanny was, once more, the ego's anxiety-signal when confronted with unconscious instinctual desires.

In conclusion, let me point out that, besides the cases already enumerated by Freud,[27] there is another, exceptional condition, under which the sense of the uncanny which would otherwise be produced (i.e. which would 'normally' arise in similar circumstances) is *not* forthcoming. This condition is that, *in phantasy*, the subject derives a *symbolic gratification* from the 'uncanny' situation. We have an illustration of this in the case of a mining engineer, who came for treatment on account of his immense castration-anxiety, which impaired his potency. He had worked for years in coal-mines, but he had never experienced a sense of the uncanny there. Analysis shewed that in his unconscious the mine was equated with the intrauterine situation.

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[26] It seems that human beings give up their infantile ideas of omnipotence only partially and under compulsion. Apart from the lack of opportunity to put these ideas into practice, the only condition under which they will renounce them is that their fellow-men shall impose the same restriction upon themselves. Alexander and Staub have made a similar statement in connection with *crime* (*Der Verbrecher und seine Richter*), and I myself in connection with *plagiarism* ('Das Plagiat', *Psychoanalytische Bewegung*, 1932, p. 419). The infantile delusion of omnipotence, ever on the alert, is obviously difficult to put on the leash. This may also be the reason—*si parva licet componere magnis*—for the assertion of some psychotherapists that certain of their patients strike them as uncanny. It is clear that these patients constitute a temptation in relation to taboos of various kinds.

[27] The ironic treatment of the uncanny in many literary works obviously corresponds unconsciously to an aggressive impulse of derision against the father, where it is not simply a mode of self-encouragement.

THE PLAY-ANALYSIS OF A THREE-YEAR-OLD GIRL

BY

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As no full account of the analysis of a young child has hitherto been published, some preliminary remarks may be permitted. The analytic material of a young child is rather different from that of an adult or older child: unconscious phantasies are sometimes expressed in a surprisingly open way. Preconscious material usually plays a smaller rôle; reality factors and ego-interests are certainly not less important but are of a different type. The reality-relationship of the young child is narrower but more intense; the surrounding objects, food, toys, clothes, etc., are of great importance. Its ego-interests are not yet much differentiated. At three years old, the analytic material naturally shews much less individual variation than in adult cases. From the conscious point of view the material is somewhat monotonous, because the conscious interests of the child are still relatively primitive and confined. On the other hand, the material shews greater and quicker change of attitude and of interaction between the psychic institutions than does the average analysis of a neurotic adult. This is due, in the main, to the more acute anxiety of the young child, which does not permit him to maintain any one attitude for very long; but also to the fact that his ego-activities and interests are insufficiently consolidated and organized. The predominance of symbolic representation seems to be caused by the fact that part-object-relationship predominates, while in the case of a better developed reality-relationship and less immature ego the unconscious phantasies are expressed more in terms of reality and in connection with real objects.

* * *

Vivian was brought to me at the age of two years and eleven months, for symptoms of hysterical vomiting, difficulties in eating, constipation, and fear of noises, musical bands, trains, etc. Although an unusually pretty child, she was not very attractive. Prematurely sophisticated, she lacked the spontaneity and charm of childhood. She could not get on with other children. She always wanted just what she could not get, and was never satisfied with what she got. She was ungenerous and remarkably obstinate. The following was said

[5] This paper was awarded the Clinical Essay Prize for 1933 by the Institute of Psycho-Analysis, London.

to be a typical occurrence : Vivian woke up at night and wanted to go to the kitchen on the other floor. As the mother did not allow this, Vivian cried and screamed for an hour. In the end the mother gave in, got up and took her downstairs, but on the way down Vivian changed her mind and preferred to go to bed.

Vivian was the only child of a Jewish lower middle-class family, much spoiled by the parents and grandparents. She was weaned at the age of six weeks. At three months she shewed great fear of men and noises. At four months she started vomiting. Obstinacy and other character-difficulties were noticeable in the first year and increased steadily. From early infancy she was precocious in every respect.

Vivian stayed in the room with me without the slightest sign of timidity. She said at first that she knew I was asleep (she used to say this about everyone who was not in sight, that they were asleep, and maintained the same about herself). After some time she did not say this any more, but stated that she had seen me fighting with the doctor in the next room. She saw us hit each other on the head. She also said that he was torturing his patient, a woman. In this manner Vivian would express her sadistic conception of parental intercourse. At first she had dealt with the anxiety arising from these ideas by denying their existence : the parents do not fight, but sleep ; Vivian does not watch them, she is asleep. And, in fact, though she suffered from anxiety from a very early age, night-terrors occurred for the first time in the course of analysis.

This denial of phantasies and situations associated with anxiety proved to be the main source of Vivian's intellectual inhibition and repression of phantasy. This lack of imagination was enough to account for her old-fashioned behaviour and lack of childish charm. Her anxiety tended to spread and increase, and she dealt with this by giving up her interests, by ' sleeping ', and it is likely that her commencing intellectual inhibition would have increased rapidly but for analysis.

After a few weeks' treatment this very inhibited child became fidgety, aggressive, lively and intellectually curious. This surprising change of character was due to the fact that she was dealing with her anxiety in other ways. Whereas at first she denied or avoided the object of her fear, now she wanted to know it thoroughly or identify herself with it. Earlier she wanted me to take the electric fire out of the room (the burning paternal penis) ; now she tranquillized her anxiety by wanting to know precisely how the fire worked. Vivian

once pretended that a mouse came out of the disused fireplace. At first she was very much afraid lest the mouse should bite her. Then the mouse suddenly disappeared and Vivian said that she was the mouse (she had swallowed it so as to be rid of it) ; as the mouse, she wanted to bite and attack me from all sides. Then she ran out into the waiting-room and told her mother she was a mouse, trying to frighten her. The imaginary mouse had come out of the fireplace, out of which she used to take soot to use in games as ' baby's ovaltine ', or as ' toast ' offered to me on bricks. The fireplace seemed to represent the mother's body containing excrement (as soot) and the father's penis (as the mouse). Another time she played that we were sleeping together, and that a mouse suddenly came out of either my back or hers wanting to bite. Here the mouse signified the paternal penis in the mother's body or anus, conceived as biting, in projection of her own oral attacks (taking out and wanting to eat what was in the fireplace). She tried to allay this anxiety by identifying herself with the feared object, by becoming a mouse.

At first she tried not to be noisy, active, or in any way to adopt the male rôle. She feared both men and noise. When she heard a band in the street, she begged her mother very anxiously, ' Take me away quickly, the men are breaking the house ' (with the music). After some weeks' analysis she became identified with the sadistic father breaking up the mother (the house) with noise, and she now became noisy, restless and active.

Vivian used to say in a sophisticated and superior way : *My* Mummy buys me everything I want, *my* Mummy comes back, etc. She had thus never shewn any sign of anxiety at being left, until after some weeks of analysis a very violent anxiety occurred when her mother left her for only a moment. Now for the first time she shewed a really loving attitude. Along with all ideas of criticism, aggression and doubt of her mother, she had repressed also her love. In the analysis her negative feelings of reproach and anxiety in regard to her mother became conscious, partly as she played the ' bad ' mother illtreating me (her child), partly in a more direct form : for instance, she brought her doll without a frock and said that it felt ' so cold ', adding, ' when I was a baby my mother gave me no cover and I felt so cold '. And so she went on, complaining about her mother, how she had been punished by her, etc.

Although Vivian was always saying how good *her* mother was, she was never really satisfied with anything the mother gave her. Her

attitude was altogether inconsistent. She found eating very difficult, because food was equated with dirt and fæces ; but at the same time would eat dirt. She said the soap was dirty ; but ' cleaned ' the floor with dirt. She would hold something near the fire ' to wash it ' and put something in the water ' to burn it '. To her mind, good things were bad and bad things good; dirty things clean and clean things dirty : her mother really gave her bad things and only pretended they were good, withholding the good things on the excuse that they were bad. Her mistrust of her mother was due to envy, arising from oral-sadistic sources. At the same time it was a projection of her own sadistic attitude : *she* made a shew of love for the mother while feeling hatred, *she* wanted to hurt her mother, to give her the bad things and keep the good for herself. She could only expect a like attitude in return. Similarly *her reproach against her mother for having failed to give her a penis* or having *robbed her of it*, turned out largely to be a *projection of her own sadism* and a *defence against* her own *sense of guilt*. One day she was very vexed and reproached me for taking her nice toy motor car (which always signified a penis). The fact was that *she* had taken home a toy motor car the day before.

This deeply distrustful relation towards her mother characterized her whole disposition. She was well able to scream for an hour, to get a certain thing ; and when she had it she did not care for it. The very fact that her mother gave it to her was enough to prove that she had been mistaken in wanting it, that it was not really good. For if it had been her mother would certainly not have let her have it. The mother used to ask Vivian what she would like to eat. Vivian would choose some dish and seem to be looking forward to it ; but when it came she could not eat it. As soon as the food was hers it seemed to turn into ' something bad '.

Her unsatisfactory relation with her mother was largely due to the fact that she could not endure the homosexual attitude. It would have entailed both rivalry and identification with the destructive father (noisy, breaking and torturing). Getting the breast, food, etc., was as good as taking it away from the father. In the analysis her desire to monopolize her mother became very clear, and the rivalry and resultant anxiety were acted out in the transference-situation in relation to my other patients and to the ' doctor '. In a later phase of the analysis she played that she gave food to the father. This identification with the ' good ' mother served partly the purpose of making up to the father for taking the mother away.

There was simultaneous inability to find satisfaction and an insatiable greed affecting her whole disposition, and shewn in the analysis by her always wanting to take things home. She took toys, a ball, a broom ; on one occasion she wanted to take a cup of soapy water and the lower part of the lavatory. All these things signified the bodily parts of her parents. She wanted to take away my shoes, stockings, beads, pullover, etc. She began to bite my pullover, but suddenly stopped, saying ' No, I don't want to torture you any more '. My clothing was a substitute for my body : it was I whom she wanted to tear, to bite, to break into pieces and take home. Every day she took something home, because she wanted to take everything, the whole room, myself. When I pointed this out to her, adding that she believed I was her ' good mother ', whom she wanted to take home to help against her ' bad mother ', she said quite sadly ' I got no good bed at home '. I told her that she meant that she had no good mother at home, and Vivian agreed to this.

If on any occasion she was afraid of being left, only a present could reassure her. A present was a substitute for her mother, or some part of her ; at the same time it proved that the mother was ' good '. Her greed was largely caused by a regression to the part-object relation, which occurred whether her mother really left her, or whether in psychic reality she was too frightened to endure a relation with her mother as a person. Later on when she had become less uneasy she needed fewer presents. When she was able, in phantasy, to possess the mother herself, she had less need for concrete substitutes. With more trust and less fear, she found it easier to prove her mother's love. Finding more gratification in both object-relation and phantasy, she was better able to renounce the things she could not have. Because of her intense ambivalence, her possessions very quickly took on the significance of bad objects ; she had always to be getting new ones. (She was always hungry for food and sweets, but could not eat and retain them : she vomited because they had become ' bad '). With an increasing belief in good objects there came also a more sturdy faith that the contents of her own body were good. She could now keep and appreciate what she had, with less impulse toward new possessions. Identifying herself with the ' good ' nourishing mother, she was able to give, she became more generous.

Taking home toys and other objects meant robbing her mother's body and eating its contents ; taking her urine or milk (the soapy water), her fæces (the soot out of the fireplace, the lower part of the

lavatory), her breast (my pullover), the father's penis (ball, broom) and the children (cushions). The phallic significance of the ball and broom was emphasized by the fact that she tried to put them into her mouth and vagina (oral and vaginal incorporation). On one occasion she wanted to take away my nose, for then she would have two, adding ' Who gave you your nose, was it the doctor ? ' She wanted to take the cushions home, saying she could not leave her children with me. Then she said ' Upstairs there is a baby crying ' (actually there was no baby, though there was one in the flat above Vivian's).

Her primary aggressive impulses were strengthened by several factors : the ' good ' object helped her against the ' bad ' incorporated object ; her deepest anxiety, which made her vomit, was a terror of the ' bad ' incorporated object. This anxiety could often be overcome, and the vomiting prevented, if she got any toy she wanted. She wanted to take away the toys of my other child-patients, and said she would come at night and steal them. Thus she was afraid the other children would steal her toys from her drawer and she wanted to take them home to prevent this (to save the ' good ' object from the sadistic mother on to whom she projected her own id-impulses). She said she wanted to take the other children's toys because her own were spoilt or broken. (Her castration wishes were increased through fear of having a damaged genital.) When she hurt her finger she was so anxious to take the broom home that I had to agree to it. She could only be reassured against the possible loss of her damaged finger by the possession of a ' big ' finger, the broom.

After a while she did not take the toys home any more but took them to the waiting-room and gave them to Joyce, my next patient ; and Joyce returned them to me. By giving the toys to Joyce, who was a mother-substitute, she wanted both to conciliate her and to rouse her envy and anxiety. Vivian's primary wish for a ' good ' penis is now seen to have been increased by various factors : (1) it helped against the ' bad ' penis, (2) she had no confidence in its goodness, in its being hers and so on, and had therefore constantly to be getting concrete substitutes for it ; (3) she must have it, so as to save it from the dangerous mother ; (4) it helped her to make good her own spoilt genital ; (5) she had to get it so as to be able to restore it to the mother, and (6) to get power over the mother, to alarm her and to make her envious.

Vivian always quarrelled with other children, who were substitutes for her parents, their possessions representing the possessions and

bodily parts of her parents. She took revenge on the other children for things her parents had done to her. On one occasion after leaving me, she came back and knocked at the door very noisily so as to disturb me with my next patient, Joyce. This was her revenge for the fact that Vivian's mother had that same day knocked at the door and disturbed me with Vivian. She did not want to leave, and wanted to take the nice things with her so as not to let Joyce have them. The envy and jealousy were exaggerated through her anxiety. When I was alone with Joyce we signified the two parents together. Vivian was afraid of Joyce, although Joyce was younger and smaller than she.

Vivian used to tell me lying tales about how naughty my other child patients were. The things she told me about them were things which she herself had done or wanted to do. She projected her own forbidden impulses on to the other children and herself took up the rôle of the forbidding super-ego so as to win my love and admiration. She asked me at times to break some toys, and afterwards complained to her mother because I had broken them. The same mechanism was at work in her sadistic conception of parental intercourse: at first she said 'the doctor is torturing the patient', later on she said of herself that she was torturing me. In projecting her own aggression on to the father (the doctor) she was trying to separate the parents, to prove to her mother her own moral superiority to the father, for which the mother should prefer her to him.

Vivian's fear of music proved to be a very resistant symptom. The analytic material shewed her association of noise with sadistic intercourse ('the men break the house with noise'), and also with the sounds of urination and defæcation. She once complained that she had an awful headache, because her baby (the doll) had cried such a lot. I interpreted that she herself when a baby had cried a great deal so as to give her mother a headache (break her head), and that now she was herself afraid if she heard noise or music, lest her own head should be broken. This led to a sudden improvement: that very day she heard music without manifest anxiety, and next day she played that her doll was ill because she had heard music. Now that her anxiety had abated she could deal with it in play, by nursing her doll. Just about this time Vivian was afraid whenever she failed to find her mother in the waiting-room before her, and on one such occasion she controlled her wish to cry, but made some 'music' which sounded exactly like crying, so that the connection between music and crying became quite clear.

The idea of the father breaking the mother with sound was largely

due to her projecting her own aggression on to him. But in identifying herself with this imagined sadistic father, she increased her primary sadism, expressed as screaming.

When listening to music, and at other times when she was much afraid, she would vomit. Once she laughingly told me to ' eat the fire ', while she played with water. A moment later she complained of having hairs in her mouth, and then suddenly ran out of the room in great anxiety. If I had not let her go, she would doubtless have vomited, as in that state of mind she always did. Once she made me be the mouse and suddenly she took on the rôle of the cat and scratched me. Next day she was sick, and when she went to hospital she shewed the doctor a tiny scratch on her finger. She was afraid, because she had scratched me, that there was something dangerous and scratching inside her, of which she could get rid only by vomiting. In shewing the doctor the scratch on her finger she wanted to prove that she and not I had been hurt, and that her injury was not internal but external and insignificant. It happened four times within a fortnight that she was aggressive toward me and afterwards reacted with a hysterical symptom. Once she pretended that she was a doctor, who looked at my throat and made me well by removing something that made ' chiii ' (screams). On other occasions, in play, illness was brought on by having eaten dirt. The vomiting was due to fear of a bad, burning, scratching, screaming, dirty, hairy object, which she had eaten (the penis) and which she equated with her own aggression (her screams).

Since the age of three months Vivian had been afraid of men, especially of her grandfather with his long beard. The fear of her father never became manifest, but was shifted on to other persons. The conception of a father, sadistic in regard to both the mother and herself, was expressed time and again in the analysis. By and by the father became a more friendly figure, and the libidinal impulses expressed themselves more clearly. In due course I shall discuss how far the coincidence of diminution of anxiety with increase of libidinal impulses can be regarded as proof either for the theory that the fear of men was a projection of her own aggression against them, dwindling as the aggression grew less, or for the view that it was caused by the repression of libido and diminished as the libido was set free.

Clinically, the sadistic idea of intercourse was most important. She projected her own sadistic wishes against the mother on to the father (' the doctor tortures the patient ' ; later on she admitted that it was she who ' tortured ' me) and therefore expected the same sort

of treatment at the father's hands (was afraid of the ' doctor '). There was a very clear connection between her castration-wishes and her anxiety of men ; for instance, she pretended I was ' the baby in the pram ' and that I wanted to bite somebody's finger, only then I felt terribly afraid of a man with a beard who wanted to cut off my finger. At times Vivian was ' naughty ' and would not let her mother pare her nails. She looked on nail-cutting as a punishment for scratching, and was afraid that her fingers would be cut off as well as her finger-nails. Once she tried to prove that she was a good girl by taking off her shoes and shewing me that her toe-nails had been cut as well.

Vivian would sometimes scream when her mother wanted to put on her coat and hat. Once she put her hat on my head and said teasingly ' the mouse is going to bite you '. Sometimes she kept her hat on in the room and said it was ' Sabbath '. Keeping on the hat meant being a man. The hat and coat represented a penis, sometimes a biting one, the mouse ; sometimes a good, helping one (making her look nice, or making her into a man). Putting on the coat or hat meant introjection. Clothes were a substitute for food ; to be given good clothes was a proof of love (compare the baby who had no cover). One day Vivian suddenly found she could not walk any more. This turned out to be a punishment for various expressions of aggression. The previous day she had wanted to kick me. She habitually broke off the arms and legs of the little dolls and the day before she had seen Joyce standing in the waiting-room with her hands behind her back. Vivian said jokingly : ' Joyce lost her hands ', and the punishment for this aggressive wish was that Vivian had to lose her leg and not be able to walk. After analysing this, Vivian walked out normally ; as she passed through the waiting-room where Joyce was she began to limp, but in the street she was all right again.

I have already mentioned that Vivian had never suffered from night-terrors prior to analysis. They began to occur in the course of the treatment in connection with her sadistic idea of parental intercourse. She was alarmed on the parents' behalf and at the same time was afraid of their attacking her in retaliation for her own aggression (compare her wanting to come at night to steal the toys of the other children). We may recall her earlier game when we pretended to sleep together and a mouse came out of her or my back and bit her or I turned into a mouse. Vivian's doll could not sleep for fear of being knocked out of bed while she slept. Vivian was very inhibited and dependent when she came for analysis ; for instance, she never dared

to climb on a chair because she was afraid I might knock her off. At the same time she enjoyed knocking down the little dolls, and used to break their legs and then try whether they were still able to stand. Being aggressive herself she expected to be knocked out of bed in her sleep. She also complained that she could not see when she shut her eyes. She thought that (1) they might get damaged as a punishment for her aggressive looks, or (2) she would not be able to see what was going on around her, or (3) that she might not be able to open them any more. The anxiety connected with sleeping was not fully analysed when the treatment was brought to an end.

Vivian's fear of trains was determined by the following factors. She played once at being in the train by turning the table upside down and sitting inside it ; suddenly she felt afraid of not being able to get out of it. The details of this game shewed that the inside of the table, or of the train, represented the inside of her mother's body. The aggressive wish to get inside the mother's body bred the fear of being unable to get out again, an anxiety which in the case of the train was reinforced by the fact that one could not get out. It is noteworthy that after this hour in which she acted out this particular anxiety most clearly, she suddenly found herself for the first time able to open the door alone. The fear of the train was also connected with the noise it made and the thought of being scalded by the steam. In the train she could not urinate, and if she should wet herself or the compartment, she might as punishment be wet and scalded by the steam, the urine of the train. The loud, burning, smoking train stood for the sadistic father. In early analysis a train proves to be a typical penis-symbol. In Vivian's case this unconscious equation of the train with the father was specially clear, because her anxiety of the smoke was caused by her anxiety of her father smoking.

So long as Vivian was trying to prove to me what a good girl she was, she avoided touching water. When the change of character occurred she used to pour water on the floor, thus acting out her urethral sadistic (masculine) phantasies. She wanted the room to overflow. I might slip on the wet floor ; she told me about someone in her house who had slipped and hurt himself. She tried to pour the water over me so that I should get a cold. Vivian was liable to colds ; her mother said that if the child went out in only slightly bad weather she was sure to develop a cold. Since analysing the connection between her urethral-sadistic phantasies and the catarrhal secretion her susceptibility diminished.

Once she opened the water-tap and told me the water was ' wiwi '. Another time she put something in the water to ' burn it '. While she washed the floor she said the ' baby ' (a flannel I used to make into a ' baby ' for her) was doing ' wiwi '. I interpreted that she herself as a baby wanted to do wiwi on the floor. Vivian laughed at first and then said she would smack the baby. I said, ' Your mother has smacked you when you made wiwi on the floor ', and Vivian complained, ' Yes, and she smacks so hard '.

Vivian's mother had a lot of trouble in getting her clean, and succeeded only toward the end of the second year. Wetting occurred again in the analysis as a temporary symptom, due partly to an increase of urethral phantasy, partly to the fact that she had to test out the dangerous action in reality ; and I have found in other cases too that this wish to test out in reality is an important reason for the temporary reappearance of earlier symptoms which have mainly an aggressive meaning. Another reason was that as the urethral-sadistic tendencies increased the urine was felt to be more dangerous. The wetting meant getting rid of this dangerous burning urine.

In the latter part of the analysis the libidinal phantasies and restitutive tendencies connected with washing and wetting became more apparent. Vivian now washed the floor and every piece of furniture over and over again, using her own handkerchief. Thus she wanted to clean my room (my body) which she had dirtied and damaged by various actions. She also washed herself, parts of her clothing, etc. Her fear of an incorporated dangerous dirty object, which made her vomit, could now be controlled through washing objects which stood for herself and her mother. Sublimation took the place of the hysterical symptom (washing for vomiting). The washing, which now gave great pleasure to Vivian, represented parental intercourse and her own masturbation conceived in urethral terms. She still felt uneasy about these things, and used to do a great deal of worried thinking and ask repeated questions : e.g. why is there a hole in the soap ? (She had just made it.) She thus expressed her alarm lest her body should have been damaged through masturbation, regarding the vagina as a traumatic hole. (She expressed this same anxiety in other material as well.)

From early infancy (the age of two weeks) Vivian had suffered from constipation. She defæcated only every second or third day, and sometimes even longer. All the reasons which underlay her general attitude of not-giving, her inability to shew generosity, determined also her

constipation. It expressed her stubbornness, her need to keep all the good stuff for herself. Anxiety only aggravated the tendency: because she took away the toys of other children, because she wanted to come at night and steal their toys out of their drawers, she had to hide her own toys from them, expected them to attack and believed they were going to break up her toys. Vivian expected her mother to attack her body, so she had to conceal the good excrement and the father's penis from the sadistic woman. And because the excrements were weapons and had sadistic associations, she had, before analysis, to suppress her anal-sadistic phantasies and deny the existence of her excrement. The wetting which recurred in the course of analysis was to some extent a substitute for dirtying, for an anal-sadistic attack. Subsequently the act of defæcation was able to gratify both her aggressive and her libidinal impulses; the fæces were a love-gift, the defæcation identified her with the potent father and simultaneously with the generous nourishing mother. The giving expressed her anal-sadistic phantasies and at the same time satisfied her omnipotence wishes. By this means she proved to herself and her mother that she had a good penis, good excrement, whereby she might also rouse the mother's envy and anxiety.

Vivian's difficulties in eating were mainly determined by her relation to her mother. She wanted to eat up her mother as a whole or bit by bit (compare occasions when she bit my pullover, wanted to take off my various articles of clothing, 'torture' me). The difficulty mainly concerned solid food and arose out of the inhibition of oral-sadistic tendencies. The food was a substitute for the breast, the love-gift of the mother. She could not freely accept it (*a*) because of her sense of guilt toward the mother, (*b*) because the homosexual attitude had too many aggressive connections and entailed identification with the sadistic father, (*c*) because she was afraid of rivalry with the father, (*d*) because in projection of her own aggression the mother seemed to be bad, dirty, like the excretions, and the food took on the significance of urine (compare her thinking of water as urine, and food as fæces, baby's ovaltine, soot on toast). I have described her mistrust of her mother, which caused her to regard the food she gave her as dirty while yet she would eat dirt.

Vivian had not taken the breast well. Her lip had been hurt at birth and this seemed to account for her bad sucking. But even when her lip healed the sucking did not improve. The analysis revealed that the main factor in her difficulties in sucking and eating related to

conflicts over her oral-sadistic tendencies. It seems likely that these had been exaggerated through the fact that she could not get enough libidinal satisfaction in the first days of her life owing to the hurt lip. Vivian was weaned at six weeks. At three months she shewed marked fear of men and noises. There was a tendency to vomit from birth onwards, and from the age of four months it could be regarded as a definite symptom. The weaning probably directly increased her oral-sadistic tendencies and also made her turn to the father, who spoiled her a great deal; but the fact that the father was unable to gratify her primitive love impulses which were mainly oral would have led to a further increase of the sadistic tendencies and of anxiety (compare 'the baby in the pram'). I believe that the frustration of oral impulses and the interest the father shewed in the child worked as a stimulus for the early onset of genital tendencies. The mother noticed that even in early infancy Vivian preferred the father, and the analysis proved that her Œdipus complex was from the earliest time connected with real objects in a stronger degree than is usual.

At six months Vivian was nearly clean. Then the mother made the mistake of keeping her on a chair with a chamber-pot in it, so that she gave up the habits of cleanliness she had acquired. After this the mother had to start a new training in cleanliness and Vivian finally became clean only towards the end of the second year. No doubt this double training had a bad effect on Vivian. It gave her the feeling that her early efforts to become clean were not accepted and acknowledged by her mother. It seems that it was mainly the second training, with punishment, that increased her aggression and obstinacy and strengthened her idea that her mother gave her bad things, wanted her to do wrong things, etc. Vivian's symptoms and character-difficulties were already manifest in the first year of life and gradually increased in the second and third year. The cessation of wetting in the second year seems to have affected this process insofar as the wetting gratified aggressive libidinal impulses, restitutive tendencies and was a way of overcoming anxiety. When these various tendencies no longer found outlet in wetting they reinforced the hysterical symptoms and character difficulties.

In examining the structure of this case I assume that the determinants for the symptoms I found at three years had been continuously at work from the time the symptoms first occurred. This is not susceptible of proof. But the same assumption was made by Freud when he used the factors revealed in the analysis of adults to explain

symptoms which had occurred in childhood. The possibility that the conflicts discovered in the analysis of the three-year-old child were already producing symptoms in the infant a few weeks or months old might be regarded as a probability, provided further analytic studies of young children and behaviouristic observations of young infants should indicate similar conclusions.

Vivian's case clearly shews the importance of constitutional factors. There was premature ego-development and a premature instinctual development, an early onset of genital tendencies and of Œdipus conflict in relation to real objects. How far do racial factors play a part? There is a general belief that Jewish children tend to precocious development, but hitherto so far as I know this has not been scientifically examined by any method based on analytic observation. Other constitutional factors in this instance are: inability to endure tension and anxiety, a high degree of ambivalence and great intensity of impulses, mainly of an oral-sadistic kind. These various constitutional factors seem to increase and influence one another, and to be aggravated by the reaction to certain accidental happenings; for instance, both Vivian's failure to get satisfaction in sucking owing to her hurt lip and the early weaning increased her oral-sadistic tendencies. As we know, strong oral-sadistic impulses stimulate early ego-development and an early onset of genital impulses. The fact of getting little libidinal satisfaction seems to have further weakened her capacity to bear tension.

This case illustrates the importance of external factors in early infancy (hurt lip, early weaning, attitude of the father, double training in cleanliness). The neurosis of this child had been developed in the first year of life, as the combined result of constitutional factors and of the child's emotional reaction to external happenings. It had been increased in the second and third year of life. The analysis could not detect any special traumatic event occurring at this age. But I think there is no doubt that the general attitude and the everyday happenings are quite as important as any outstanding events occurring only once. The general attitude of Vivian's family was not very favourable, though in no way worse than the average in this type of family. Doubtless the way she was treated, admired and spoiled accounts for her premature sophistication and restlessness; everything was talked over in front of her. Part of Vivian's distrust of her mother was a direct reaction to the mother's own ambivalent attitude, for indeed it seemed to be an important part of the mother's character to lie and

make excuses. At the same time she was devoted to the child and spoilt her a great deal. Vivian saw her father very little on week-days, for which she seemed to hold her mother responsible ; this reinforced her belief that the mother hid from her any ' good ' thing, such as the father.

* * *

This case illustrates several of the newer discoveries of psycho-analysis : the early development of the super-ego and of the Œdipus conflict ; the existence of a series of nuclear Œdipus situations ; the complexity of what used to be called the ' castration complex ' and the ' phallic phase ' ; the rôle of the vagina in early childhood ; the psychological importance of screaming ; the rôle of clothing in over-coming paranoidal anxiety, and so on.

* * *

Vivian's conversion-symptoms arose partly in reaction to her Œdipus wishes, partly as a more or less disguised expression of these wishes. The vomiting signified an attempt to get rid of the incorporated paternal penis. The wetting was another reaction against similar introjection tendencies ; both the vomiting and wetting expressed at the same time urethral-sadistic and erotic phantasies concerning the parents. The constipation was a defence and a disguised expression of anal phantasies concerning the parents. The limping was a reaction against sadistic impulses against the parents (breaking the dolls) and against the wish to rob the mother of her limbs or of the paternal penis (Joyce's arms). The headache was caused by an aggressive wish to break the mother's head by screaming, connected with the Œdipus conflict.

The formula that conversion-hysteria is caused by a regression to the phallic phase could be applied to Vivian's case only if the conception ' phallic phase ' were maintained in its earlier and wider meaning. In that case, the oral introjective wishes for the penis, the masculine identification in the wetting, kicking and screaming, the defence of this position by constipation, could all be related to the phallic phase. But it would be incorrect to do so in regard to the more precise term of the protophallic phase. I have tried to shew how Vivian's primary wish for a penis was complicated by various secondary factors.

This leads to the problem how far it is altogether satisfactory to describe certain psycho-pathological states or disorders in terms of fixation or regression to certain ' phases '—a problem I do not intend to discuss here.

In any case, it was not the libidinal wish appropriate to the phallic attitude, but the aggressive impulse which was of pathogenic importance. Vivian's conversion-symptoms were mainly caused by her sadistic impulses, biting, anal- and urethral-sadistic phantasies, screaming and kicking. On the other hand, the libidinal factor cannot be excluded, because the urethral- and anal-erotic impulses also played their part and the oral acquisitive tendencies had a libidinal aim : to possess the paternal penis. Even in the case of screaming, which was mainly aggressive (for the libidinal significance of identification with the sadistic father, in the sense of an inverted Œdipus complex, was of minor importance), the attack against the mother was connected with her desire for the father. Libidinal factors certainly play a greater rôle in conversion-symptoms than in some other psycho-pathological disturbances. This is borne out by the fact that they always relate to the body and often to the erotogenic zones. Nevertheless I think that greater stress should be laid on the aggressive factors in conversion-hysteria than has hitherto been done.

Introjective and projective processes played a greater, and ' displacement ' a lesser rôle in Vivian's conversion-symptoms than one generally assumes in the case of hysteria. The parts of the body affected by conversion were those which she had wanted to use in attacking the parents (mouth, urethra, anus, leg), or those which corresponded to the parts of the parents attacked (head, leg). The comparatively minor rôle of displacement shewn in these conversion-symptoms can be explained by the fact that they can only to a very limited degree be regarded as regressive. Their early onset makes this evident. I would not exclude the possibility of regression entirely, and I pointed out earlier that Vivian's genital impulses appeared to have been active from a very early age ; so that possibly even at the age of four months, when vomiting first occurred, the oral incorporation (and ejection) may have been a partial substitute for vaginal incorporation and the vomiting for urethral expulsion. Inasmuch as regression played a part, there was some displacement (mouth for vagina and urethra). But certainly these early symptoms should be regarded more from the point of view of progression and fixation, than of regression and displacement.

In this paper I do not want to discuss the problems of hysteria in general. To do this one would first have to discuss whether all conversion-symptoms can be regarded as hysterical, and whether all

hysterical symptoms are of similar type and structure. It seems also that there are certain differences between conversion-hysteria in infancy and in later life. (1) Early conversion-symptoms seem to be less well organized and of simpler structure ; (2) libidinal factors play perhaps a smaller part (for example, in Vivian's case I could not detect the pregnancy phantasy as a determinant of her vomiting) ; (3) progression and fixation seem to be more important than regression and displacement ; (4) introjection and projection mechanisms play a greater rôle and repression a lesser. Perhaps newer and more detailed investigations of hysteria will shew to what extent, if at all, points (3) and (4) may also be valid in certain adult cases.

Vivian's symptoms might perhaps be regarded to some extent as '*Funktionsstörungen*' (functional disturbances) rather than as conversion-symptoms. Freud explains '*Funktionsstörungen*' by suggesting that the function becomes too strongly sexualized. This would not apply to Vivian, as in her case the aggressive meaning was predominant. All cases could probably be accounted for by the assumption that an ego-function would be disturbed by defusion of instincts if its sexual or aggressive quality became too clear.

I would regard Vivian's anxiety as a more or less typical anxiety-hysteria of early childhood with comparatively little unmodified psychotic mechanism. I think that psychotic anxiety (i.e. super-ego anxiety, *Gewissensangst*) is caused by the projection of aggression (Vivian was afraid that the noise might break her, because she wanted to break the mother with her screams). Genital (neurotic) anxiety might be caused by the repression (or metamorphosis) of libido (Vivian's frustrated primitive love impulses towards her father seemed to be at the root of her fear of men). Aggression in children is mainly directed against the parents' libidinal gratification in intercourse. By projection this leads to the severity of the super-ego being directed mainly against libidinal gratification, and so to repression of libido ; this in its turn brings about defusion of instincts and sets aggression free. One can therefore draw no sharp line between anxiety due to repression of libido and that due to projection of aggression. It would be possible for a certain psychotic type of anxiety (super-ego anxiety) to be caused by the projection of aggression, while another, the libidinal type of anxiety, is caused by repression of libido, bringing about defusion of instincts, setting free aggression, and so also activating a psychotic anxiety. This theoretical conclusion accords with the clinical observation that in libidinal anxiety there is always some

underlying psychotic anxiety, while psychotic anxiety can exist apart from the reinforcement of libidinal anxiety.

* * *

By what process did Vivian's analysis bring about a disappearance of symptoms and a diminution of character difficulties? At first she tried to deal with her anxiety and aggression by denial, by 'sleeping', by trying to be a good girl, by inhibition. The suppressed affects and anxiety burst out occasionally in her fits of obstinacy, and the remaining anxiety was localized in certain phobias. Her deepest anxiety, however,—the fear of her mother—found no open expression. It was surprising to what a degree her anxiety had been worked over into character-difficulties at so early an age.

The main result of analysis seems to be that Vivian has acquired the capacity to recognize and tolerate her anxiety and aggression and to acknowledge her conflicts. After the analysis, the anxiety and aggression bore a more spontaneous character, and was evoked by real events, whereas formerly she would try to suppress her anxiety and aggression at their inception, and these affects would burst out some time later in a much stronger form and without apparent reason. Analysis enabled Vivian to admit and to endure her conflicts, because they were less intense. As her aggression and anxiety diminished and her sexual impulses became less compulsive, she was better able to sublimate and work them over in an ego-syntonic way, and this in its turn reduced their tension. I described earlier how Vivian reacted to music at first by vomiting, and how she overcame the same anxiety later by play, by nursing her doll. Play had replaced the hysterical symptom. Her fear of the dangerous, dirty incorporated object, which had caused the vomiting, could now be overcome by washing. After the analysis she liked to help her mother with her washing. Another game by which she allayed her anxiety was to build a hospital. She once told me that she had been sick and had pains. When I asked her where the pains had been, she pointed to the box of bricks. This box was her body, its content the content of her body. If she could build a good house, a hospital, out of this box of bricks, she could also turn the content of her body into something good, restore her body, relieve her anxiety. The nurses and doctors in the hospital signified good helping parents; if she was good, the parents were also good. Vivian started this game only after the vomiting had ceased. Before analysis she had been very inhibited in play.

Her ability to find gratification in phantasy and play helped her to

bear with the frustrations of reality. I mentioned earlier how in a certain situation she had to take my broom home. When a similar circumstance arose again she did not ask for my broom but drew a picture of a broom. The hallucinatory gratification was sufficient.

I described how her insatiable desire and greed were largely due to anxiety and regression to part-object love, and how they diminished as her belief in good objects grew stronger.

With the reduction of her anxiety her earlier inhibited disposition gave way to an aggressive and active attitude, through identification with the feared object. By a further libidinization of both her own aggression and her idea of the feared object, the aggressive attitude was in due course replaced by normal activity. First she was afraid of noises, later she shouted and was very noisy, and at last she began to sing.

Her conversion-symptoms and anxiety were determined largely by her anxiety of the incorporated object. She felt that the dangerous object inside her was in opposition to her ego. By a stronger libidinization and an increase of the synthetic function, the contrast between the incorporated object and the ego became less forcible and she identified herself with the object inside her (with the mouse or the dangerous father).

At first she could maintain neither a heterosexual attitude nor an identification with her father, because the father seemed so dangerous. When her fear of him was less she could maintain both positions better. With her growing belief in a ' good ' mother she was also better able to identify herself with her, and this was an important factor for the development of a normal heterosexual attitude ; at the same time she was on better terms with her mother. At present she has a good relationship with both parents.

Subsequent History

Vivian's treatment lasted from June till Christmas (about seventy to eighty hours), since when two and half years have passed and twenty-one months ago a little sister was born. All her symptoms (eating difficulties, vomiting, constipation, wetting, and anxiety) cleared up. There is still occasionally a certain difficulty about going to sleep, although there are no night-terrors.

Her character difficulties are so far diminished that the parents regard her as a different child. She has a very good and loving relationship with her mother, adores her father, loves and mothers the little

sister. She gets on well with other children and enjoys school. Her fits of obstinacy have ceased and she is easily manageable. She is very forward and unusually bright; at the same time she is less old-fashioned than before. She has a very good relation to reality. She plays well and happily. On three occasions when she was physically ill, she shewed some anxiety and nervousness, but this soon disappeared. The birth of the sister brought about no relapse.

The following observations made by the mother are interesting. While from birth Vivian was a difficult and nervous child the little sister was a happy and satisfied baby shewing no nervous symptoms. The mother explains the difference on the ground that while pregnant with Vivian she had several frights and the delivery was difficult.

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ELIE METSCHNIKOFF AND HIS THEORY OF AN "INSTINCT DE LA MORT"

BY

A. L. COCHRANE

It cannot, I think, be without importance for the history of science or without interest for psycho-analysts that a distinguished contemporary of Professor Freud's, Professor E. Metschnikoff, should have produced independently somewhat similar ideas in certain directions. The most interesting and most important similarity lies in Metschnikoff's formulation of the idea of a 'Todestrieb'. Before dealing with this I may remind the reader of the more important facts concerning Metschnikoff's life and works, drawing attention at the same time to other points of similarity and dissimilarity. I shall take the liberty of assuming that references to Freud's works are unnecessary.

Elie Metschnikoff was born in 1845 of Russian Jewish parents. He died in Paris in 1916. He studied natural sciences in Cracow (1862–1864) and then started a life of research, which took him to Italy, Switzerland and Germany. Influenced by Darwin's *Origin of Species*, his early work was mainly directed towards finding additional proof for the general theory of evolution in the invertebrate kingdom. The rather lucky discovery of phagocytosis in 1882 brought him first notoriety and, later, fame, as the discovery proved to be of first-class importance for the future development of pathology. The years from 1888 until his death were spent in Paris at the Pasteur institution, where he did very valuable work on phagocytosis, immunity, cholera, syphilis, and the pathology of old age, work which received only its due recognition when he shared the Nobel Prize with P. Ehrlich in 1908. He was made an honorary doctor of science of Cambridge University in 1891 and an honorary doctor of medicine of the military academy of St. Petersburg in 1909, besides being a honorary member of seven scientific academies.

In the latter part of his life (in Paris) he began to apply to the general problems of life the scientific method that had served him so well in the limited field of detailed scientific research. Then at last he could give his love for speculation a freer rein. Darwin's theory was again the starting point for his line of thought in this wider field. He considered man 'a type of intelligent anthropoid abortion, capable of going very far indeed'.[1] As witness to this origin man carried with him

[1] *Etudes sur la nature humaine*, p. 378.

a collection of physical and psychical ' disharmonies ',[2] which were the chief cause of human unhappiness. He believed that there was no ' inevitable tendency towards progress ' [3] in nature and that man himself must free himself from his ' disharmonies '.

He had been an atheist from an early age and talked so much about it that he earned at college the nickname, ' God is not '. Later, in his book *Etudes sur la nature humaine'* (1903), he attacked religion with true biological vigour, especially those ideas concerned with the immortality of the soul and the life after death. [4] He considered that religion represented a primitive attempt on the part of man to resolve these ' disharmonies ',[5] which had been a complete failure.[6] Metaphysics, in his opinion, represented another such attempt, with which he dealt in a similar cavalier manner.[7] He believed that neither of them had been in the least effective in dealing with the three chief human disharmonies: the fear of death, disturbances in sex life, and disease, more especially pathological old age. He believed ' that neither religion nor the systems of the metaphysicians could solve the problems of human happiness and human death, and that science alone could carry out this task '.[8] ' If it is true that one cannot live without faith, then that faith must be faith in the power of science '.[9]

Metschnikoff at first considered sexual difficulties of great but nevertheless of secondary importance in the causation of human unhappiness. The fear of death was, in his opinion, the greatest disharmony; but as he grew older the sexual achieved, perhaps paradoxically, an ever increasing importance in his eyes.

In an early article, ' The Time of Marriage ' (1872), he discussed the effect of the increasing lateness of marriage on man's adolescence. He came to the conclusion that it produced a dangerous period of disharmony which was reflected in the suicide statistics. In the *Etudes sur la nature humaine* he discussed the ' disharmonies ' which can appear in the sexual function during the period of development; he mentioned the frequency of ' perversions ' and ' substitute satisfac-

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[2] *Etudes sur la nature humaine*, p. 376.
[3] *Etudes sur la nature humaine*, p. 23.
[4] *Etudes sur la nature humaine*, p. 377.
[5] *Etudes sur la nature humaine*, p. 378.
[6] *Etudes sur la nature humaine*, p. 377.
[7] *Etudes sur la nature humaine*, p. 378.
[8] *Etudes sur la nature humaine*, p. 383.
[9] *Etudes sur la nature humaine*, p. 399.

tions' and the disproportion between mental desire and physical capability. He believed that the Church, frightened by the frequency of the deviations from the normal, had decided to suppress it as far as possible, and to announce the doctrine of original sin.[10] He contrasted the results of this type of remedy with those which he believed would be made possible by a scientific study of the subject.

In his later book *Essais optimistes* (1907) he called attention to the connection between sex and both intellectual and artistic talents. 'The truth is that artistic genius and genius in general are intimately connected with sex'.[11] And 'The indisputable connections that exist between intellectual activity and sex'.[12] When he died he was at work on another book, dealing exclusively with sex in its various manifestations. Only the first chapter, unfortunately, was sufficiently finished for it to be published.[13] In this chapter he expounded the theory that ideas about sex had been falsified through fear of venereal disease, at a time when no one knew how to avoid or cure such diseases. He attempted to shew that the religious condemnation of sex was based on this fear. The rest of the book (he had spoken of it in great detail to his wife) was to have consisted of ideas for the rationalization of sex life in general, especially as regards education and marriage. Another section was to have been devoted to the detailed study of the rôle of sex in the life of genius. To this end he had studied many biographies, including Rousseau's *Confessions* and the *Nouvelle Heloise.*

The fear of death was in his opinion the greatest source of human unhappiness—the most important 'disharmony'. He found this fear so universal that he considered that it deserved the name instinctive.[14] He assumed it to be one aspect of the '*instinct de la vie*'.[15] He noted that this instinct, as regards the effect of satisfaction, differed from all others, e.g. in contrast to satiety from eating, the more one lived the more one wanted to live.[16] He set to work to solve this disharmony by a scientific study of old age and death. He reached the following conclusions:

(I) That natural (endogenous) death was very rare, if it existed at

[10] *Etudes sur la nature humaine*, p. 132.

[11] *Essais optimistes*, p. 359.

[12] *Essais optimistes*, p. 359.

[13] 'Etudes sur la fonction sexuelle,' *Mercure de France*, p. 120, 1917.

[14] *Etudes sur la nature humaine*, p. 168.

[15] *Etudes sur la nature humaine*, p. 137.

[16] *Etudes sur la nature humaine*, p. 171.

all in Homo Sapiens. He believed that the average length of life could be very much extended by a more rational diet.

(II) That unicellular organisms were potentially immortal; that natural death though rare was not non-existent.[17] He examined the case of the mayflies very carefully and proved that death was certainly endogenous in their case. He further observed that these insects, in contrast to their elusiveness as larvæ, made no effort to escape being caught during their brief adult existence. He concluded that the '*instinct de la vie*' had disappeared.[18]

(III) That in the case of one of the many centenarians that he examined there was a definite desire for death, 'to feel the need for death with the same might as one feels the need for sleep'.[19]

(IV) That from the physiological point of view sleep and death had much in common—both being a type of auto-intoxication.[20]

On this evidence he brought forward the theory that if one attained to the normal span of life (he estimated it at about 100 years) the desire to live would slowly disappear and be replaced by a desire for death—a desire to return whence one had come. If this longer healthier life should really produce this '*instinct de la mort*' at its end, and thus rob death of its horrors, then he considered the greatest disharmony would be resolved. He remained more optimistic than sceptical about the possibility of bringing this 'latent' instinct to the light of day. 'This instinct lies latent in the depths of human nature. Shall we find a means to bring it forth?'[21] He answered that only science could decide. He considered it also possible that the '*instinct de la vie*' might change from one extreme to another, as in the case of love and hate, and in the changes in the sense of taste which go on during a child's development,[22] and so produce the effects of the '*instinct de la mort*.'

At the end of *Essais optimistes* he leaves the realm of science and adopts a definite *Weltanschauung*. He made the important point that scientific knowledge could be utilized to produce any required end. He considered it therefore necessary to chose a particular 'ideal'. 'This ideal . . . is the orthobiosis, that is to say, man's development,

[17] *Etudes sur la nature humaine*, p. 358.

[18] *Etudes sur la nature humaine*, p. 365.

[19] *Etudes sur la nature humaine*, p. 369.

[20] *Essais optimistes*, p. 166.

[21] *Etudes sur la nature humaine*, p. 393.

[22] *Etudes sur la nature humaine*, p. 373.

with its object a long, active and vigorous old age, leading to the final period of satiety with life and desire for death '.[23]

Several similarities between Professor Metschnikoff amd Professor Freud are at once apparent. Both were scientists, beginning with detailed biological research in a limited field. Later, with increasing belief in the value of the method, they both began to apply it to the greater problems of life, shewing at the same time an increasing love of speculation. (Though in the former's case the speculation did not begin with the same abruptness as with Professor Freud.)

The results of this application are also in the two cases not dissimilar. Both dismissed religion as worthless and philosophy as of secondary importance. Both emphasized, though to a varying extent, the importance of sex in all fields of life. Both denied the existence of tendency towards progress in nature. Both agreed in believing in the sole importance of science as a means of obtaining knowledge for the purpose of intellectual understanding and for discovering methods to resolve the ' disharmonies ' or, in Professor Freud's language, ' in the primate of the intellect '.

One sees, on the other hand, a general difference in Professor Metschnikoff's use of physiological standards as opposed to Professor Freud's psychological ones, e.g. his standard of normality for the sexual function : that desire should run parallel with the physiological ripeness of the sperm. Another general, and perhaps paradoxical, difference lies in their attitude towards their theories—more especially in the case of the death instincts. Professor Metschnikoff, a pure scientist, no doctor, was interested in his because of the hope it brought to others—and to himself—while Professor Freud, the doctor, is interested in his as representing a simplification of the ' Trieblehre '. It is in keeping with this that Professor Metschnikoff should adopt a definite *Weltsanschauung*—a liberty which Professor Freud refuses.

The similarity, too, between the ' *instinct de la mort* ' and the ' *Todestrieb* ' might at first glance be considered as lying only in the name. In the book the ' *instinct de la mort* ' does rather appear as an offspring of Theology out of Wish-fulfilment, scarcely redeemed by its biological godparents, and hardly deserving of comparison with the scientifically controlled speculation in *Jenseits des Lustprinzips*. This difference however is less important than it seems, since the written origin of the theory bears very little relation to the more interesting

[23] *Etudes optimistes*, p. 166.

psychological origin, and has no bearing on the value of the speculative idea—as idea.

Metschnikoff was also too obsessed with the conscious psychology of the time to conceive of an instinct being effective without being conscious. Although he attributed an '*instinct de la mort*' to the mayfly on the ground of its behaviour, he refused to take the same attitude about man; but there were glimmerings of the idea of an unconscious effective instinct, and one finds it, as one would expect, in his analogies, e.g. 'They die in horror of death without knowing that it is the death instinct. One can compare them with those young frigid wives, who die in childbirth, without knowing what real love is'.[24]

But there are, I think, some striking similarities between the two:

(I) In the idea of a 'latent' instinct controlling the length of human life.

(II) In the conclusion drawn from natural death to a death instinct.

(III) In the emphasis laid on the contrast between the two chief instincts '*les instincts de la vie*' and '*de la mort*' on the one hand, and Eros and Thanatos on the other.

(IV) In the use of biological evidence to elucidate psychological problems.

(V) In the idea of a latent instinct which could be brought to the surface and of psychical disharmony in general which could be solved by the application of the results of scientific study.

I took the liberty of asking Professor Freud if he knew of any contacts direct or indirect that might have existed between them. He answered in the negative.

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[24] *Etudes sur la nature humaine*, p. 375.

DEPERSONALIZATION IN RELATION TO EROTIZATION OF THOUGHT[1]

BY

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It is an accepted postulate in psycho-analytical theory that libido may be displaced not only to particular organs of the body, but may also invest psychic function. This may turn the process of thinking into a pleasurable goal or recreation which eventually results in the erotization of thinking activity. Whatever pleasure we ordinarily derive from thinking is due more frequently to the content of the thought than the thinking process itself. In erotization of thought, as in the case where non-sexual physical organs are over-invested with sexual libido, interference with the normal function occurs. Specifically this manifests itself in general or particularized inhibition in thinking. Nunberg (1) mentions that in addition to such total displacement, erotization may be confined to isolated partial impulses, such as the anal, which mechanism he holds responsible for stuttering.

It has come to my notice in certain puzzling mental conditions allied to those states grouped under the term depersonalization, that an erotization of thought is a frequent precursor of such phenomena. In these individuals a mixture of ' masculine ' and ' feminine ' mental tendencies persisted up to the time when the feelings of unreality appeared and seemed to have a definite etiologic significance. The thinking often followed the thought pattern of the parent of the opposite sex. The thought pattern of that parent need not necessarily be of the type which I will subsequently characterize as ' masculine ' or ' feminine '. But the child identifies the type of thinking with the sex of the parent. It is also true that pure types of masculine and feminine thinking are rare and cannot always be separated from ' feeling ', but a preponderance of type usually coincides with the physiologic sex. Either abruptly or gradually, the patient appreciates that his thinking is incompatible with the type of thinking regarded as normal for his sex. When the clash between the masculine and feminine thought pattern becomes acute, the thinking components of

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[1] Expanded from a paper read before a joint session of the American Psychiatric and American Psychoanalytic Associations in Boston on May 31, 1933. A Chart illustrating the paper is published in the *Transactions of the American Neurological Association*, 1934.

the type inconsistent with the sex of the person are repressed, thereby giving rise to the feeling in the patient that he is unreal or not himself.

In addition to the innate type of thinking characteristic of its sex, the child may acquire a sex pattern of thought through identification with the parent of the opposite sex. The presence of a marked contrast in the intellectual attainments of parents seems to favour a more intense identification in ' thinking type ' with either the one or the other. This identification is incorporated into the super-ego, giving to the child's super-ego a cast of the sex of the thinking parent. The depersonalization tendency is favoured when the thought erotization follows an image of the parent of the opposite sex.

As an approach to this thesis, I shall attempt to shew the inter-relationship of sexual repression and intellectual interest, the degree to which erotization of thought may progress, the results of conflict between sex pattern of thought and physical activity and how depersonalization reactions can follow such conflict.

A common, popular conception dissociates intense intellectual application from interestedness in sex. ' Men seldom make passes at girls who wear glasses ; but safety-pins and bassinets await the girl who fascinets ', says Ogden Nash. In families where scholarship is held in high esteem and where prudishness is the approved attitude, children displace and sublimate their sexual interests in mental endeavour. An ideal compromise for such children is to combine the gratification of sexual curiosity through the diligent study of sexual topics in the dictionary, the encyclopædia and the Bible. These approved books furnish a sure cloak to conceal the true nature of their interest and to forestall interference with its indulgence. Attempts at sublimation in scholarship are practically always incomplete, but Sterba (2) has recorded a case where extraordinary precocity and compulsive learning in a boy of five years and one month was closely associated with fears of castration for early sexual interests. The case is also important to the general thesis of this paper inasmuch as thinking represented unreality to him, for as soon as he mentioned objects and acts by name they became real and threatening.

An early association between intellectuality and sex came to light in a patient whose cardinal symptom was attacks simulating narcolepsy. From the age of nine onward he would judge the level of a woman's intelligence by the position of her breasts on her chest. High-breasted women were considered cultivated and those with low breasts unintelligent. He attempted to persuade himself that his interest in breasts

concerned itself only as a method of rapidly judging the quality of the woman's mind. Its origin was based upon a very early observation that his mother's breasts were high. She had been a school teacher whose intellectual attainments were often extolled by the other members of the middle-class family. In contrast to this characteristic of his mother were the low, pendulous breasts of the uncivilized Hottentot women whom he saw in a school geography. Less extreme tendencies to correlate intellectuality with sexuality are so frequent that they need not be mentioned here.

In our cultural state, we habitually put a premium on scholarship and condemn overt activities, beginning with excretory functions, connected with sex. This in turn early adduces the idea of goodness as associated with thinking and relative badness as associated with putting sexual fantasy into execution. Even ' thinking bad ' is not so wicked or dangerous. A certain safety is perceived by the child if he only ' thinks bad,' for then he may be considered good, but if he acts he may be punished. Thinking has a quality of unreality as compared to the unquestionable reality of action.

When interest in sex is superseded or supplanted by thinking, the child may resort to thinking per se as a pleasurable and satisfying thing. As he grows older his thinking is apt to gravitate to abstractions. In such people, eventually the mere perception of a new idea may produce a thrill comparable to the achievement of a sexual goal by the average person. On the other hand, they may condemn themselves for an error in judgement with a feeling of guilt usually reserved for a grave moral lapse.

Of course, the erotization of thought is not the thinking of erotic thoughts. It is conceivable that those persons who are preoccupied with sexual fantasy may derive unusual pleasure from thinking as well as from their erotic thought content. Nearly always, when the child turns to thinking as a goal, it is because of an intense reaction to the deprivation of love (pre-Œdipal or at the Œdipus level) by one or both parents—a wound to the child's narcissism. Some of these children appear to be endowed with excellent minds which may facilitate the displacement of sexual interest to intellectual activity. Extraordinary erotization of thinking may eventually lead to a strangling of thought—restrict the range of the process of thinking and retard its speed and utility, analogous to the impeding effect of the condition of muscular over-development known as muscle-boundness. The result is comparable to the strangling effect of the over-investment

with love by a mother upon the growth and development of a child. In an extreme case of this type, the patient's range of thinking became so restricted that she could grasp only a single perception at a time, and that only very slowly. The number of thoughts which actually registered during a day, therefore, were reduced to a number ridiculously small.

In a patient aged thirty-six who often came to the analytical hour in a state of depression, it became apparent that the discussion of some abstract topic would relieve her depression and exhilarate her almost with the certainty of a stimulating drug. Tracing this tendency backward, it was found that she took pride in getting good marks in school and valiantly tried to win favour at home by being a model pupil. It constituted an attempt to regain the love of her mother after the birth of two younger sisters. At a somewhat later date, reading became more and more a solace, and this was fostered by a physical defect which practically precluded her making contacts with men. She became priggish and smart as a compensation for a feeling of insecurity and inadequacy. At the age of seventeen she consciously sought to make intellectual pursuits provide all the satisfactions derived from normal activities, but they never quite succeeded in filling the need.

Gradually, however, she began to take delight in ideas, derived stimulation from thinking, and over and over again had the experience of being able to relieve her own tension and mental distress by concentrating on some intellectual problem. I might add that the patient's intellectual interest in psycho-analysis served as a very marked handicap to effective therapy.

An extreme instance of the association of the erotization of thought and identification of a male patient with the maternal mode of intellectuality is the following: A man, aged thirty-eight, was referred primarily because of a neurotic vacillation concerning the change of his profession from literary work to stock-brokerage. He was the only child of a dominant, quick-witted mother and a negligible and neglected father. At the time of analysis, although he had been married for four years, he still corresponded daily with his mother. As a child his intellectual precocity drew to him much attention and praise from his mother. His scholarship was considered by the family as little short of phenomenal, and at the time of analysis he expatiated upon his early scholastic accomplishments. He also over-emphasized his moderate success in the literary world. To be sure, he had graduated

from college at a relatively early age and had attained a respected position in his literary endeavours. He would repeat that he had ' a great little head ', but especially ' a great little red-head '. The colour of the patient's hair was a sandy brown, but the patient always referred to it as red. When he became agitated, he would walk up and down the room, rubbing the occiput of his head vigorously, and he had done this so often that he had worn a bald spot at that point. He was extremely irregular in his manner of literary work, and in idle periods indulged himself in solving intricate mathematical calculations which he had set up for himself. (3)

The patient had been precocious in his sexual activity as well as in his intellectual achievements. Early in childhood, his mother detected him in masturbation and severely reprimanded him for playing with his ' little red thing '. The ' little red-head ' below was as vigorously and as constantly condemned as the ' little red-head ' above was praised. The attempts to suppress auto-erotic activity resulted in increased intellectual activity. When, later in life, he failed in hetero-sexual adaptation, his whole effort centred in the ' red-head ' above. The struggle with physical activity became increasingly difficult, with a commensurate displacement in concentration on his studies in college. There he began working on his mathematical problems. They consisted mainly in figuring out the balance sheets of imaginary corporations or the final scores of imaginary intercollegiate track meets. When he had successfully solved these self-imposed calculations (and they often took an hour or two), he noticed an erection and slight emission. Here intellectual activity intentionally undertaken to avoid physical indulgence actually produced physical response.

The possibility of the erotization of thought along lines distinctly feminine or masculine has been casually hinted at by Fenichel (4). This postulate is corroborated by a popular conception, namely, that thought and thinking, as well as physical characteristics, may be divided at least roughly into the categories of sex. In general, clarity, logic, dispassion, persistence and sequence are considered characteristics of masculine thinking. Quick conclusions based upon never fully formulated perceptions, variability, inconsistency and changeability are regarded as feminine. This gross classification between masculine and feminine types of thinking becomes apparent quite early. Most people resent being considered mentally unusual, in that their mode of thinking fails to conform with the characteristics considered average for their sex at a given age. Anomalies in mental maturity are no

more distasteful to persons than deviations from the type of thinking currently regarded as normal for one's sex. Under our system of culture, built up on masculine ideals, the aim to compete with the male in thinking is a common ambition among girls, especially in co-educational institutions. Still, a woman seldom considers the comment that she has a masculine mind complimentary, if she does not consciously desire to rival the male intellectually. The calling to the attention of either sex, especially the male, that their minds appear to possess preponderantly the characteristics of the opposite sex is likely to cause embarrassment. When I asked a female patient why she did not wear her Phi Beta Kappa key (emblem of an American honorary scholastic fraternity) she became indignant. She claimed that really only men were entitled to this distinction because thinking was a masculine activity and that she had no intention of jeopardizing her chances with men by ' calling attention to her brains with a key ' (key-phallic symbol).

Fenichel (5) also mentions that ' the phenomenon of depersonalization belongs in a certain sense in the domain of the erotization of thought. It depends upon the most extreme inhibitions of certain emotions and other intra-psychic perceptions '. Aside from its association with erotization of thought, the problem of depersonalization has frequently been linked with allied phenomena of thinking, such as feelings of déjà vu, blocking of thought, acting as though one were in a dream, co-conscious images, etc. Feelings of the unreality of the outside world or of one's self—when dominating the entire mental picture which the patient presents—invite the term depersonalization as descriptive of the condition.

In other situations, such as in the case which I shall present in some detail, the splitting off of one part of the mind from the other is a more concrete and perhaps a more stubborn and serious disorder than some of the states included under the broader concept of depersonalization. Feelings of unreality occur fleetingly in normal individuals and are a notable difficulty in schizophrenic states. Federn (6) even asserts that all neuroses and psychoses are preceded by disturbances of the ego in the form of alienation, but for the most part this symptom has disappeared by the time the neurosis or psychosis has been fully established. Nunberg (7) considers that depersonalization is the result of withdrawal of libido connected with the loss of an important libidinal object—this loss bringing about a narcissistic wound of the ego. Schilder (8) stresses the active withdrawal of libido by these

patients from their own experiences, from their personalities and from their environment, and its attachment, at least partially, to a scrutinizing tendency. Sadger (9) suggests depersonalization as a form of psychic castration.

In one of Federn's (10) cases, a patient suffered from depersonalization only when he was passively homosexual but he maintained a good object contact when actively heterosexual or actively homosexual. A similar situation is reported by Rigall (11), where a patient suffering from fugues, dramatized an unconscious state in his fugue and established a doubling of personality. Rigall attributed the change in personality to the patient's repressed homosexual attachment to his brother and his conscious heterosexual obligations to his wife.

Several cases have led me to the postulate that in depersonalization neither ambivalence of love and hate nor the so-called narcissistic wound which causes the child to withdraw from reality are the essential mechanism. Likewise, the tendency to personalize inanimate objects is merely part of the general withdrawal of libido from a threatening animate (parental) world. So far as I know, no study has been made of symbolism of the inanimate objects invested with life (chairs, rugs, trees, flowers) to determine what type of denied living objects (parental substitutes) these represent. On the other hand, depersonalization is preceded by erotization of thought, and the feeling of depersonalization is the result of the partial or complete repression of the incompatible sexual type of erotized thinking (12). The loss is expressed by the patient as a feeling of unreality, emptiness, mental vacuity, foolishness, etc. The following examples are cited as preliminary evidence of this position.

A patient, aged thirty-two, suffered from an undifferentiable mental disorder in which an important symptom was a homosexual attachment to his father. This long-standing pathological relation to his father manifested itself in a compulsion to kiss rosy-cheeked, grey-haired, middle-aged men. Up to the time of his analysis, the patient had had very few heterosexual contacts and no heterosexual relations. All of his libido had been invested in his father's business, but for nearly twenty years, night after night, he would return to his home after a short walk in a secluded neighbourhood to lie on his library couch where he would phantasy vague sexual concepts for hours before retiring.[2]

[2] The patient had prided himself upon his infallibility of judgement and worried inordinately over slight mistakes. As the erotization of thought

After the analysis had been in progress some six months, he began relations at regular intervals with a prostitute. This had been his practice for a year when one day he remarked that he had had relations for the first time with this woman. When I asked him to explain the cryptic comment, he replied that prior to this occasion he had never actually been with the woman in person. From the moment he entered the apartment, another person had been uppermost in domination, but that when he left the apartment he resumed his former self. He married shortly after he had reached the state of maintaining an integral personality with the prostitute, but now experienced a similar manifestation of alteration of personality when in congress with his wife. It took some years of analysis of the unconscious homosexuality before he indulged with his wife in his fully integrated masculine personality.

The following explanation of this phenomenon is offered: The patient's usual personality was composed of balanced parts of feminine and masculine libido. The homosexual (feminine) part, a major portion, represented his attachment as a female to his father. As long as his femininity was not seriously menaced by newly liberated heterosexual strivings, he remained loyal to the father and could not assume the masculine rôle. Heterosexuality and marriage violently threatened the unconscious feminine components. In the sexual act the feminine elements usually present were abandoned, and through their absence gave a sense of unreality to the momentary dominant heterosexual components. When the patient was removed from his heterosexual object and the necessity for heterosexual thought and conduct, the feminine admixture promptly returned and restored the feeling of his former personality.

In another case, an intellectually precocious youth of nineteen suffered from blind outbursts of confused rage, inability to concentrate or even think and a depression which interrupted a promising college career. The patient was endowed with an extraordinarily good mind. From the time he entered school he began to devote himself with unusual zeal to all sorts of intellectual pursuits as a means of gaining his mother's approbation. At times the libidinal satisfaction which he gained through thinking had been vaguely conscious to him, and one of his annoying symptoms was the compulsion to carry every thought to its ultimate

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diminished he found himself ready to accept such errors as part of life, and actually rejoiced at his capacity to make such errors without a sense of guilt.

possibilities. This compulsion was associated with the idea of excelling which in turn served as a satisfaction in itself.

The struggle between a feminine identification with his dominant, to him ' thinking ' mother and his concept of masculinity became evident early in the analysis. Violent masturbation since the age of ten had been one of his most disturbing symptoms. One of the typical repetitious fancies which accompanied masturbation was his capture by a group of girls who would force him into coitus with each one of the group as a part of a sorority initiation. It was difficult for him to understand, even after a year's treatment, how a man could harbour a real desire for a woman as a fundamental part of his life without afterthought or regret.

After about sixteen months of treatment, he reported that he had masturbated with the fancy of himself in the rôle of a male for the first time. After doing so he felt a ' futile emptiness ', foolish, inept and strange, as though he were not himself and wept. The feminine intricacies had been temporarily wiped out and there was nothing to assume their place, so the patient felt vacant and foolish. Here the first and momentary victory of the masculine components over the feminine produced a feeling of unreality and intellectual loss (foolishness).

A similar phenomenon is mentioned by Reik (13) in his excellent chapter on depersonalization. In a footnote he states that feelings analogous to depersonalization are experienced during sexual intercourse by anæsthetic women and by men suffering from disturbances in potency. Depersonalization, he says, represents a kind of temporary anæsthesia of mental life. However, the unconscious homosexual component, so often responsible for these complaints, is not mentioned and its possible influence in depersonalization is not drawn.

Schilder (14) expresses the view that in depersonalization ' the climax has been reached when they (the patients) complain that they have become strangers to themselves '. However, the reaction cited above leads me to believe that when the patient complains of himself feeling unreal, it represents a healing attempt in contrast to the partial denial of reality expressed in the feeling that the outside world has become strange or vaporous. We may regard the critical evaluation of self as being unreal, as a disturbance of and protest against the intolerable, though perhaps evenly balanced, masculine and feminine thought processes. From a prognostic angle, the feeling of unreality of self would be more favourable symptomatically than a feeling that the outer world is unreal. The former represents an attempt at the

dissolution of the pathological balance and establishment of the normal mind (personality). Whereas, when the world seems unreal, the denial of its reality, means that the patient lacks the impetus or force to alter his pathological psycho-sexuality.

All investigators of depersonalization have commented upon the variety of grades and nuances of the symptom. But Reik (15) calls attention to the fact that neither the works of Schilder, Abraham or Nunberg, nor his own observations, all of which have thrown light on the libido transposition in depersonalization, give clues as to the factors which cause the symptom of depersonalization to control a neurosis. Obviously, the more the phenomenon of depersonalization dominates in a state of neurosis in contrast to psychotic depersonalization, the more accessible it is to psycho-analytic approach.

The following case, because of the clear insight of the patient, afforded an extraordinary opportunity for the investigation of a ' separation of the mind ', a condition intermediary between the ordinary concept of depersonalization and the rare cases of so-called dual personality. (Morton Prince (16).) In the latter condition the patient may have actual knowledge of the existence of two personalities.

Symptomatology

The patient, aged twenty-six, is a woman who had won high academic and athletic honours in the mid-western university which she attended. After graduation she continued post-graduate work in R—— College and was engaged as a laboratory technician at the time she came for treatment.

The cause for consultation was the following complaint: ' When she was by herself or working with her hands she seemed to be watching her mind to think—thinking at an alarming rate. I can almost feel it work '. She would begin singing in an attempt to drown out the sound of her mind. ' It (the outside mind) thinks so loud I can almost hear it think. It is like having another mind outside my regular mind because I still have a mind which listens to the other. It is the feeling of having it separated off which alarms me. I tried to use my thinking mind to attempt not to hear my mind functioning out there, wherever it is. The only thing which is really effective in checking the sound of my other mind is to have someone else around to talk to.'

She does not know what the outside mind is saying. She tries to listen to it but can not. It is not clear. The harder she tries to listen to the outside voice, the more difficult it is to figure out what the voice

is saying. It gives the impression of being a voice, always the same voice. It has a sort of sarcastic, taunting, gloating, 'I told you so' expression in manner and tone, like the facial expression and general atmosphere of the woman in a dream which occurred over and over again in childhood. This dream was called the 'fever dream' by the patient and her parents. She cannot tell whether the voice is masculine or feminine. By association with the woman in the 'fever dream' it is feminine. She noticed the symptom for the first time when in the bath tub about a year and a half previous to the consultation. It had frightened her to terror, for she thought that she was literally losing her mind, that is, becoming insane.

The separation has occurred under various conditions—at one time while in a crowded department store when 'things seemed crowding down upon her'. She had also experienced it while writing—'me in one place, my mind in another'. On one occasion she remembers going to sleep with her mind still separated from her. She slept for two hours and when she woke 'my mind had rejoined me'. The phenomenon had happened at least ten times for periods of five minutes —perhaps twenty times very briefly. There is a sensation of pain in thinking while it is happening, because of the sensation of competition between the usual mind that remains with her and the mind that seems outside of her. She has no control over the symptom. She cannot make it happen and cannot cause it to stop. There is something left in her usual mind over which she still has control because she is able to direct this faculty to combat, 'think down', the mind outside of her. She distinguished very definitely this feeling from that of letting one's mind wander, for in letting your mind wander you wander with it.

She was also annoyed by the inability to control her tendency to criticize when in the presence of people. She could not understand why she felt obsessed to prove, contradict and elaborate statements which people made, for she knew that her assertiveness reacted to her disadvantage in the end. She had been conscious that this was a defensive and protective activity, some unknown force.

In addition to the patient's main symptom of having her mind separate, other symptoms worthy of note are the following: A lack of desire for food which she described as a feeling that 'mental food (intellectual concentration) and physical food were just too much for her' and that 'mental hollowness went right to her stomach'. At one time she had a pathological fear of fog whistles. She was cured of this fear by explaining to her mother, who complained of being afraid

of fog horns on an ocean trip, that it was logical for fog horns to be blown. She did not fear any of the things which seemed to frighten most of the women in her family—viz. thunderstorms, animals, high places, traffic congestion ; but she has a fear of waterfalls and clear, deep water of which she can see the bottom. Although she is an excellent swimmer, she will not swim in such water.

She possesses an unusual mastery over words and has given much attention to the choice of words. It has caused her great annoyance that thoughts lose so much in their translation into words ; something occurs in this process of framing thoughts into words which is like the loneliness which she sometimes experiences when the mind separates. The sensation of loneliness is such a deep, great feeling that it cannot be translated into words, for no words can encompass the feeling. Words have only two dimensions, length and height, like printed words, but they have no depth or body. She thinks that she talks too much—that is, chatters—in order to make the effort through using many words to express her feelings.

Often she has a fear of certain thoughts, such as the concept ' never ', and a fear that when concepts are uttered in words, these words will not reveal what she thinks. As a child she heard the word ' bugger ' and loved to use it but was reprimanded. Because some words were tabu she could get much pleasure out of thinking them over and over again. The absolute tabu of her mother was for the patient to say, ' I won't ', and of the father for anyone to say ' damn '. The mother's punishment for the patient when she said ' I won't ' was to wash out her mouth with Ivory soap (universally advertised in U.S.A. as ' 99 and 44/100 per cent. pure '). This continued until she became so big that her struggling and screaming were beyond the mother's control. It infuriated the patient to have her mother slap her hand over her mouth whenever she said something which the mother did not like. The mother's rage was so great that at times the patient would accept the punishment to enjoy her mother's annoyance.

Still, the patient realized that technically as an instrument of skill or art with words she comes nearer to expressing thoughts in speech than most people. She can ' feel her thoughts '. They are the realest things she has ; realer than anything she does or says. She has often thought that mental television would be a wonderful idea, providing one could only turn it off and on ; then the thoughts of one person could be seen by another without first translating them into words, with all their variable feeling tones.

History

The patient is an only child. Her father is described by her as possessing a direct thinking, highly intelligent, purposive mind. He has achieved distinction in a scientific field. ' He just meets problems in a matter of fact way, solves them and goes ahead ; he keeps the imaginative part of his mind apart from the factual '. The mother appeared to the patient as an illogical, capricious, emotional person who gained her ends through subterfuge and outbursts of temper. From the time of her earliest memories, which in the case of the patient definitely date back to the age of two and a half years, she fell into constant strife with her mother. This continued until she came for analysis. She felt that her mother over-corrected and restrained her from babyhood.

The patient is positive that as early as the age of three she knew that she had to present things logically, as they happened, to her father ; that she could not fool him. She also knew that her mother's punishments were never logical, that they were inflicted at illogical times, that the mother was illogical and that through her own use of logic she could confuse and infuriate her to even greater illogic. ' I sneered mentally at my mother's remark, " Your father will punish you when he comes home ", for I knew absolutely that I could talk to father reasonably '. From the age of three the patient's mind has always seethed. She cannot remember that it has ever been free of thinking.

The mother situation has been further complicated by the fact that the patient practically had two mothers—a ' winter mother ' and a ' summer mother '—for each summer she was sent to the country home of a childless aunt who had raised her mother, to be returned in the fall to her own mother. The ' winter mother ' repressed and nagged the child ; the ' summer mother ' took the attitude that little children were entitled to a certain amount of freedom to do things which might annoy adults. The aunt has always had a faculty for treating the patient according to her age.

It was at this aunt's home that the patient came in contact, at the age of three, with a male cousin who was slightly older. He was the only boy whom she had known up to the age of six and she consciously felt superior to him. She was always stronger and healthier and more competent as compared with him. From the age of six to twelve she could run and climb trees like a boy. For several summers the two children took their naps together, and here, at the age of five, through

observation and through manipulation, she learned the anatomical difference in sex. She developed a sense of guilt which she attempted to avoid by remonstrating against taking the customary afternoon nap, but for her effort she was merely considered as wilful and refractory by her aunt. She began masturbation early and continued it until the age of nine.

What appears to have been an extremely impressive occurrence took place at the age of six. For some trouble in the genital region, her mother took her to a physician. Apparently, this physician pushed back the hood of the clitoris. It was extremely painful. The condition, possibly masturbation but we are not certain what, for which she had been taken to the doctor apparently was not relieved so that he finally gave her an anæsthetic and clipped away part of the clitoris. As the trouble even then did not clear up, he repeated the operation. The operations were performed on the kitchen table. The patient was mortified that her father undressed her after she was under the anæsthetic. She was partly conscious during both operations. Later in life, at the age of twenty-three, when her aunt accompanied her for a health examination at the Life Extension Institute, her aunt mentioned to the examining physician that the patient's nervousness dated from the clipping of the clitoris.

The patient remembers the unhappiness of her childhood with a great sense of shame, for life with her mother degenerated into a series of fights, outbursts of temper, lying and repeated running away from home from the age of two and a half years—the latter the greatest misdemeanour. During this period she fought her mother with the latter's own weapons, thus establishing a definite feminine identification. The refractoriness reached a climax at the age of nine when in 1916 because of the infantile paralysis epidemic she was not allowed to leave the grounds of the country home for the entire summer. She developed tantrum after tantrum. Prior to that she had only been spoken of as a nervous child with numerous tics, which began at the age of five and one of which was still present. She had no idea that the tics or irritability could be on an emotional basis until she began collateral scientific psychologic reading after she graduated from college.

When the patient was twelve years old her family went to Hongkong, where her father became the engineer for an oil company and where she attended school. Shortly after the family moved to China the patient menstruated. She had been out flying kites when it occurred.

Going home to tell her mother the latter allowed her to make a complete invalid of herself. She did not move from an easy chair for three days—meals were served on a tray, etc. The patient wondered why so much attention was permitted for she felt entirely well. This lay in the fact that the event had been anxiously awaited by the mother and father who expected that her nervousness would disappear with the onset of menstruation. Since then at her menstrual periods she is blue and irritable.

During this period in China the incessant wrangling between mother and daughter continued and the father lived the life of a perpetual referee. She says that it must have been extremely difficult for her father as he was fond of both his wife and daughter.

At sixteen the patient began to lose her hitherto extreme interest in her high school studies and experienced the yearning to abandon herself to the frivolities of her schoolgirl friends. Her father warned her that if she did not attain better marks she could not go to college. Returning to America at the age of sixteen to spend her last year in preparation for college, she applied herself with compulsive diligence and great success to her studies.

At the co-educational college during her first year she had few contacts with men. Then she became the inseparable companion of Miss B. a girl with a ' babyish ' face but a good athlete and the best scholar in the college. The patient specialized exclusively in mathematics, science and philosophy, while avoiding all courses having more tangible relations with the current problems of life. The rivalry between the patient and Miss B. became acute, with resentment appearing in Miss B., when the patient achieved high grades. Miss B. reproached the patient as being the cause of her loss of a male suitor who had been previously attentive to her. Indeed, during the last three years of their college course if Miss B. went with men, the patient became jealous because ' she (the patient) did not need boys at all '.

After graduation Miss B. persuaded the patient to continue studies at R—— College for Women. In the strictly feminine atmosphere of R—— College, the attachment of the two friends became obvious and acute jealousy developed. For the first time the patient became aware that her attachment to Miss B. contained an abnormal strain, through watching the actions of another pair of girls, called Tommy and Nell, together.

At the end of her post-graduate work, the patient's father offered her an automobile in recognition of her success. She preferred to use

this money to invite Miss B. to become her guest over the summer in China. The visit proved to be an unhappy venture, for Miss B. immediately allied herself with the mother against the patient. The latter left home to live for a while with her father who was engaged in an engineering undertaking in another city. Miss B. and the patient finally parted company and the latter made new friends, but only among women. About a year after their separation the patient's main symptom developed.

Analytic Interpretation

In this case we are dealing with a separation of the mind where the remaining part, the ' I ', listens to the voice of another thinking organ as though it were outside of the self. The patient's descriptive attempt to identify this voice of the second mind recalled to her vividly and unmistakably the woman in her recurrent ' fever dream ' which began before the age of six and continued to the present. This furnishes one clue as to its possible significance. The patient states that she tried not to listen to the second mind because it is such a frightening thing. There is one characteristic of which she is certain—that the separation gives her the same feeling, a feeling which engulfs her, that she had when as a very small girl she suffered from ' fever dreams '. She was frequently subject to colds accompanied by a mild fever. She would wake up crying, extremely frightened, saying that she had dreamt of ' the fat lady breaking up the world '. The term ' fat lady ' is the nearest she could come to describing this apparition in the dream. The woman did not appear to have a human form—just something big (the mother) which tried to pull down things as the patient attempted to put them up. The pieces which are pulled down are never of the same shape and do not seem tangible. The definitely characteristic feeling which accompanied the dream may occur just before the patient goes to sleep—sometimes when she wakes from a doze—but it is always present in her ' fever dreams '. She first realized that something unusual was happening to her mind when she experienced, while fully conscious, the ' fever dream ' feeling. When the second mind goes outside of her, she says the normal mind seems to be trying to do with the pieces of the second mind what she was doing with her hands to the pieces in the ' fever dream '.

The feeling is described as hard, real and suffocating. Things seem to close around her and she attempts to ward off the damage which has been done and is being done. Evidence points to the assumption that

the ' fat lady ' in the ' fever dream ' is the mother—the continuous antagonist of the little girl in actual life, a personification of a feminine super-ego already at the age of six threatening the masculine strivings of the girl.

The pieces which the patient was putting together represented the penis of which, in contrast to the boy cousin, she was deprived by nature and subsequently anatomically bereft by the operation on the clitoris. A noteworthy sidelight, possibly a corroboration of the above supposition, came to light in the analysis of a symptomatic compulsion.

The jig-saw puzzle fad, popular at the time of the analysis, possessed a compulsive fascination for the patient. She could not give up until she had found a ' piece that fits '. Other people, she said, might find relaxation, but she became ' all tied up in knots doing the puzzles '. Thus one night she had sat up compulsively until one o'clock to finish a puzzle. That night she dreamed all night long about putting a picture together. The feeling and tone of this dream reminded her startlingly of her ' fever dream '. The analogy between putting together the pieces of the broken-up jig-saw puzzle with the putting together of the broken pieces of the world in the ' fever-dreams ' is suggested. The only time she ever did a jig-saw puzzle alone her mind separated. She wanted to stop doing the puzzle but could not. She attempted to bring about a reintegration of her mind by increased concentration on the puzzle, believing that it might have the same remedial effect as singing or talking to someone else—but the attempt failed.

She has analysed the peculiar fascination of the building-up of a jig-saw puzzle as a feeling of omnipotence which it gives one and the fascination of putting two little pieces together. This feeling of omnipotence yields to the patient a power exceeding that of the ' fat lady ' in the dream—an achievement never fulfilled in the dream. The fitting of a projection into a hollow (coitus) is an essential motive in the jig-saw puzzle. This significance may be the basis for the interest which it arouses in the average person as well as for the neurotic attraction which it had for the patient.

That the patient turned to her father as an ideal very early after a failure to master her mother may be judged from the fact that she began to repeat before she could talk clearly her father's two favourite expressions—' keep a stiff upper lip ' and ' preserve a calm and serene equanimity '. She has a vivid memory of lisping the latter phrase since the age of three. She wished to rename herself with her father's

Christian name. She became a fine swimmer (captain of her college team) because it was her father's favourite recreation.

From the child's reaction to the family situation, it is apparent that from her point of view the mother withdrew from the child as a libidinal object. I am inclined to believe that the mother could never have loved the child very much, otherwise she would not have permitted a separation every summer. When the child perceived the withdrawal of love by the mother she faltered in normal identification and in turn began an active withdrawal from the usual libidinal objects of infantile attachment. The mother of the earlier years was a threatening destructive mother, who reproved her for masturbation and who the child thought was the instigator of the clitoral castration.

The child's resentment towards the mother for withdrawing forced her into a strong attachment to and an early identification with her father, whose most striking and attractive characteristic appeared to be his logic, imperturbability and rationality. Early she began to abhor those mental processes by which the mother gained her ends. This aversion tended to reinforce the adoption of the thought habits of the father. The father, however, shewed no extraordinary affection for the patient, thus discouraging the development of an ardent emotional object attachment to him. The patient conceived of her father rather as an aggregation of abstract qualities. Indeed, both parents were the personification of their characteristics rather than real people. She was, therefore, thrown into the situation of seeking to attain his regard through perfecting herself in his mental qualities. The father encouraged this tendency. She says that he ' made her think ' ever since she was very young—she cannot remember the time when she was ' not thinking '. Father was sane and mother irrational.

In the clash between the masculine and feminine super-egos, the latter threatened to attain ascendency in the high school period, when the patient returned to America to live with the ' good (summer) mother '. She longed to abandon herself to feminine finery and irresponsibility. The threat from the father to deny her a college education seems to have checked this striving abruptly and completely for the next six years. During this period any lapse into frivolity made her unhappy, whereas the activity of ' thinking things through ' to an ultimate conclusion, thinking logically, thinking for its own sake, brought her the greatest satisfaction and pleasure.

The patient thinks that there is no doubt that her father identified himself with her as a son. He had always regretted that he never went

to college and lived through, in her college career, the missed satisfaction in his own life. She had not been interested at all in obtaining a Phi Beta Kappa key until her father in freshman year said that he expected her to come home with it. When she achieved the honour she gave the key to her father before she wore it. With the phallic symbol of the key in mind, we may interpret this act as symbolizing the fulfilment by the patient of the father's wish for an ideal son. The surrender of the key may also be taken to indicate that the patient's unconscious desire for masculinity was passing.

The impossibility for the patient to escape femininity was accentuated by the clipping of the clitoris, which through anatomical castration acted to increase penis envy and in turn to stimulate masculine strivings. The trauma of castration (blood) was reactivated with more than the usual emphasis by the circumstances of the beginning of menstruation. The patient remarked, ' she loved her mind because it was not subject to any rules or regulations the way her body is '. The origin of this thought probably lies in the fact that the patient was regularly forced to adopt the feminine posture in urination, and could not avoid the body function of menstruation which reaffirmed her sex.

Between the ages of six and twelve the patient began actively to take pleasure in her own mind, watching it and thinking about it, and would frequently turn her mind to thinking as a pleasurable end. The patient's cessation of masturbation at the age of nine fostered this tendency to displace libidinal activity. At this time she had already begun to regard brains as masculine and resented those feminine women who appeared to be naïve but obtained their ends through wiles.

Her college course offered increased opportunity to erotize thought because of conventional approbation and of the unconscious wish to retain masculinity through a father (thinking) identification. In view of the phallic symbolism of the head, the erotization of thought constituted an attempt to make it appear to the outside world that she had attained a male organ. Her annoying compulsion to shew her mind (contradict and explain) which so often thwarted her conscious ends, especially in contacts with men, rests upon the unconscious desire to equalize herself with the male.

So, too, her concern about words. They are merely second-hand evidences of products of her mind. The wish that people could see her mind, for then she would not be lonely, reflects a displaced desire for phallic exhibitionism. Moreover, the patient presented a reversal of the usual mechanism of unpleasant physical response to disagreeable

thought stimulus. If a man touched her body, instead of physical revulsion, she experienced a sensation of 'sickness in her mind', which she described as akin to the sensation of physical nausea. Until she began to shew marked improvement after about nine months of analysis, she 'knew only mental fatigue—from the brow up'. Then for the first time in her life she experienced physical fatigue—so that her body actually ached and she rejoiced in the novel sensation.

At the time of her most intense intellectual application, she was able to assume a homosexual guardianship over Miss B. which seldom approached the gross physical but remained proprietary. The femininity of Miss B. began to dawn on her through various experiences at the women's college and through the sympathetic bond which immediately developed between her mother and Miss B. in China. Through the identification of her mother with Miss B. she became aware of her own identification with her father. Her masculine super-ego was not sufficiently strong to induce her to increased effort to hold the affections of Miss B. On the other hand, bringing unconscious masculinity to consciousness made the masculine super-ego (thinking) intolerable.

The masculine super-ego never gained entire control of or an amalgamation with the ego. A strong competition existed with the normal, although repressed feminine (mother) super-ego which possessed almost equal strength. Synthesis of the two super-egos with each other or of either with the ego could never be complete. Then repression of the now vaguely conscious masculine super-ego failed. The masculine libidinized portion of the mind appeared as an alien part of it. If the previously erotized masculine mind represented the penis, then the part outside represents a castrating, destructive mother of the early 'fever dreams'. The normal mind does not want to hear, cannot hear what the unwelcome portion is saying. The only possibility open lay in the splitting off, expulsion of the intolerable super-ego.

From the angle of psychic economics, depersonalization accomplishes two functions: first, it divides responsibility so that the deficiencies of either super-ego can be attributed to the other. Secondly, through the division it avoids the painful clash which must ensue when two such opposing forces meet.

After four months of analysis, the symptom of having the mind separate became infrequent. After six months' treatment, the patient experienced a variety of sensations entirely new and hitherto incon-

ceivable to her. In addition to the novelty of experiencing physical fatigue, the feeling of being alive developed, ' a true feeling of existing ', without the patient's having to think about it. She said, ' I am not thinking the river, trees, etc., but now I feel them. It has never happened to me before, excepting at sea, perhaps only at sunset, when there is only water and sky, and you cannot think them '. The patient stated that she tried to analyse the new feeling, but could not. It was exciting and made things much more exciting than they formerly were—' crossing the street, riding on a bus, seemed to be individualized'. The patient's withdrawal from reality into thought had been so complete and absorbing that until the libido investing intellectual effort was released, she could not appreciate how intensely ill she really had been—how much she had missed in her emotional life. Now, for the first time she experienced a joy in living.

She could never remember having wanted to start a new day before. Her first waking thought used to be a question as to what the day could have in store for her that made it worth while for her to go on living. She wondered if other people had such a feeling. Previously when she thought about things it was not associated with any emotional feeling connected with them. After ten months this changed. She compared the new phenomenon of indulging in thought about things and then feeling them to the mental process when she first learned Chinese. She translated Chinese into English, thought in English and then translated the thought into Chinese. At first, she had to translate feeling into thought, as the medium with which she had been most familiar (as thinking in English), but after a while this no longer became necessary and quite quickly, that is, within about a week, the necessity of this intermediary process disappeared and the patient could not do it voluntarily.

Another interesting manifestation now made its appearance. She had previously avoided letting people touch her, like she ' would avoid a hot iron '. Then this was replaced by a somewhat compulsive urge to reassure herself that the ' iron did not burn '. She desired to touch people to convince herself that the new relationship was real and that she was always going to feel the same way about it. Formerly, she could not act without premeditation in such a small matter as taking a man's arm. The sense of masculine nearness now became ' such a gratifying feeling as I never experienced before. Formerly, in dancing I thought only of dancing and subordinated the masculine nearness to the act. There is a reality of physical things positively ; previously,

the most I ever had was a vague feeling of reality of physical things in a negative way. It is like having been in a self-made vacuum and now the glass walls are broken and I enjoy the nearness of people, men and women '.

After a year of analysis, the transformation of the patient from a thinking automaton of a masculine pattern to a young girl engaging buoyantly in dances, parties and social contacts was firmly established. Then an interesting event, extremely significant in the light of the theory of generic super-ego, occurred. After about ten months she experienced in a semi-sleep state, a reaction which had ' the feel of the fever dream set-up '. She described it as an ' atmospheric thing which surrounds me rather than a dream, for dreaming is within the mind '. The physical set-up was the same as had been invariably associated with the splitting of the mind. However, ' the big, large, indefinitely outlined person had become a man '. The patient did not know how she was aware that it was no longer the ' fever dream ' woman but she was sure it was a man. In this change we apparently have evidence that the repressed masculine super-ego has become unconscious and reappears as a threat against the dominant, feminine super-ego which is integrating with the feminine personality of the patient.

At this time the patient's mother visited her after a separation of four years. The patient was amazed how the mother in reality differed from the image of violence and frivolity which she carried unaltered from her childhood. Now, she experienced a real affection for the mother for the first time in her life. The patient enjoyed thinking in a more satisfactory way than ever before, but ceased thinking the whole time. It was possible for her to do things automatically while her mind rested, a thing which she never knew could happen before.

A word about the transference. The transference with this patient, as was to be expected, was highly abstract. Notwithstanding this, its power was not diminished and the patient shewed the punctuality, continuous interest and allegiance characteristic of strong positive personal transference. However, she regarded the physician as a mental force and a voice rather than as a person and never thought of him as an individual outside of the analysis.

Comment

Freud attributes to the super-ego qualities of self-observation, ego ideal and conscience. His original and still prevalent concept is that

the super-ego is formed early in childhood and based upon parent identification. Such a process of synthesis of the super-ego would predicate great variation of its size and strength, as well as the relative quantity and quality of its composition derived from either parent. It also implies strong possibilities of fragmentation of the structure of the super-ego when a conflict between approximately equally strong opposing impulses had progressed to a certain point or had continued over an intolerable period of time.

In a discussion of differences in the relationship to the punishing parent in the two sexes in the phantasy of 'A Child Is Being Beaten' (17), Freud states his dilemma concerning an explanation. He mentions two theories, each of which appears to him to be inadequate. The first (*anonymous*), attributed to an 'at that time friendly colleague', rests on the bisexual constitution of human individuals and maintains that the conflict of two sexual characters is the motive for repression. The more strongly developed, the more dominant sex in the person, has repressed the *psychic representation* of the weaker sex into the unconscious. This antedates the super-ego concept which Freud later developed and which must contain psychic representation of sexual characters and in which the pattern of acting and thinking of both sexes is represented.

Through identification the super-ego forms a predominating force in the establishment of many tendencies making up the ego. The ego plays many rôles, such as the student, athlete, success-seeker or loafer, at the behest of the super-ego. The fractions which enter the super-ego may be preponderantly masculine or feminine in character. This is due, as has been stated, to selective parental identifications which include the type of thinking. Strong and incompatible father and mother identifications in the super-ego shut themselves off on account of their resistance one against the other.

When a child is baulked from actual libidinal attachments through feeling itself not loved by the parent of the same sex, it often has recourse to thinking which may become libidinally invested. This process is closely allied in its character to sublimation and is facilitated by conscious successful effort to desist from auto-erotic sex activity. The goal of the process is the retrieval of a most libidinal object through an intellectual activity which is closely akin to sublimation. Through identification such thought may follow masculine or feminine patterns of thinking. The mind becomes a libidinally over-invested organ and the battleground of the ambivalent identifications. Self-observation

absorbs and replaces the normal affective responses because the libido formerly externalized has now become narcissistically attached. It is generally recognized that a close relationship between ambivalency and depersonalization exists and the symptom like other neurotic symptoms has a protective value.

In the case reported at length, the thinking (educated, intellectual) parent is of the opposite sex to the patient. The rebuffing parent is the mother. The child's indulgence in thought as a solace and the subsequent erotization of thought is made easier through the identification with the opposite parent. Thus the frustrating parent assumes the major rôle as the model for super-ego formation in the child. When this erotized pattern does not harmonize with the sex of the individual, a clash between the homosexual and heterosexual types of thinking ideal occurs. Topographically, this can occur at the super-ego level, because the super-ego has absorbed so much of the intellectual functions of the mind. This does not, however, preclude that in other cases the location of the conflict may not be at an ego level, where the super-ego is drawn in secondarily to reinforce one or the other parent identification.[3] It follows that the mind outside, the depersonalized side, represents the alien intolerable portion of the erotized super-ego.

In conclusion, it may be stated that the sequence of libido deprivation, thought erotization in association with identification with the parent of the frustrating sex and a clash of thought erotization, due to identification, of homosexual strivings with general heterosexual strivings, especially mental but also physical, seem to be essential features of depersonalization tendency.

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[3] In this connection, it may be mentioned that the original concept for the diagrammatic representation of the functions of the mind originated five years ago in an attempt to clarify in my own mind a case where a patient complained of her mind being frozen and where the ego seemed definitely split off from the super-ego, and the ego itself curiously fragmented.

Mathematica. In the introduction he refers to the problems as ' pillow problems having been solved in the head while lying awake at night '. The book is published ' not for the benefit of advanced mathematicians but ordinary mathematicians who perhaps have never tried this resource when mental occupation was needed and who will . . . find in it as much advantage and comfort as I have done. Perhaps I may venture for a moment to use a more serious tone and to point out that there are mental troubles much worse than mere worry for which an absorbing subject may serve as a remedy. There are sceptical thoughts, which seem for the moment to uproot the firmest faith. There are blasphemous thoughts which dart unbidden into the most reverent souls. There are unholy thoughts which torture with their hateful presence the fancy that would fain be pure. Against all these some real mental work is a most hopeful ally '.

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SHORTER COMMUNICATIONS

THE AWAKENING OF THE EGO IN DREAMS[1]

I. Orthriogenesis

It is probable that in sleep which is entirely undisturbed the ego is without cathexis, i.e. is cathected only as it is in an embryo (or perhaps we should say: in a sleeping embryo). From such sleep the ego of the day before awakes as the ego of the actual moment; the more normal the sleep and the awakening the more instantaneous is the restoration of cathexis. It follows that in a moment of time the ego has to recapitulate its whole genesis. Since this phenomenon occurs daily with the coming of morning I propose to call it '*orthriogenesis*',[2] a word coined on the analogy of *onto-* and *phylogenesis*. Although we should have to invent a 'slow-motion camera for the recording of psychic phenomena' in order to perceive the whole process of normal awakening, it is nevertheless no mere flight of fancy to assume that such a process takes place. On the contrary, this assumption is helpful, indeed indispensable, in the more exact description and, I venture to think, in the explanation of many phenomena of dream-life.

The dream-ego is always only partly awakened, it possesses only a fragment of the compass and content of the ego in the waking state, the cathexis of its ego-boundary is merely such as is required by the dream-scene of the moment and some of its functions are wholly absent.[3] With regard to its stage of life, we may say that, in the majority of dreams, the ego approximates very closely to that which has been actually reached by the dreamer; that is to say, it is the ego of the period between yesterday and to-day. But in quite a large number of dreams and in even more dream-fragments the ego which experiences them is awake only up to the point of some quite early level in its existence. Probably it is as we grow older that we dream-investigators occasionally experience such dreams, and this draws our

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[1] Read before the Vienna Psycho-Analytical Society, November 22, 1933.

[2] ὄρθριον signifies the coming of day, daybreak in general, whereas ἕως is the word used to denote the appearance of dawn in the sky.

[3] Of those functions which persist some, moreover, may be altered in the sense of the organic disturbance set up, often for reasons of psychic economy through the changed relation between stimulus and anti-cathexis.

attention to them ; for this is a simple way in which dreams perform their function of wish-fulfilment. (' *Ich träume als Kind mich zurücke* . . .' [' I dream myself back into childhood '] says the poet, and other verses in the same strain.) The immaturity of the dream-ego is characteristic, however, not only of this very common type of dream : it is probably an essential part of the genesis of all dreams, with the exception of those belonging to the special category of dreams occurring at the moment when we are falling asleep. The dream-work creates pictures from dream-thoughts, psychic residues from the day before and their associations, and no sooner have these, by a process of condensation, reached a sufficiently strong degree of cathexis than they arouse the wholly uncathected ego, but only up to some infantile level in its development. Partly awakened, its reactions to the stimuli by which the dream-work has aroused it are in accordance with the maturity and range of functions proper to the ego at the particular level that has been reached. In their turn these reactions, as the ego grows wider and wider awake, excite in it further mental reactions. Or it may happen that the ego, awakened in this way up to some infantile level and in certain of its functions, may dream the stimulus wherewith the dream-work has aroused it and so, having experienced and dealt with the stimulus, may fall asleep again. If, at the excitation of fresh stimuli, it once more awakes, it is more likely to be on the level reached a short time before than on any other. This would account for the typical character of many dreams and, even more, for the sameness of dreams occurring in a single night.

This hypothesis does not conflict either with Freud's theory of dreams or with his metapsychology. It necessitates a systematic picture of the essential nature of the ego (see Part II of this paper). It renders untenable the assumption of various writers (e.g. De Sanctis) that there is a special dream-consciousness. Our own hypothesis supplies an explanation of the fact that almost every dream-interpretation reawakens and illuminates some important phase of the dreamer's past. And, further, many tendentious distortions in dreams are not to be put down to the unconscious influence of the super-ego in the dream-work : the action of the super-ego is rather to be seen in the infantile ego, which has recently been formed under its influence in the course of the subject's life and has been awakened by some stimulus in the dream. Moreover, it may be not the mature super-ego which is acting upon the ego but the earlier super-ego which belongs to the level at which the ego is awakened.

There are many distortions, however, which it is quite unnecessary to explain by any reference to the super-ego : they occur simply because the products of the dream-work are misunderstood by the still infantile ego which has been awakened and for whose benefit the material belonging to the mature stage of the dreamer's present-day life has been worked over by the dream-process.

Conversely, misunderstandings on the part of the more mature ego may contribute to the distortion and obscuring of the dream as it finally emerges. In the fact that awakening may take place on one of various levels we have the reason why the same material on one occasion is, and on another is not, subjected to the primary processes ; it explains, too, why one part of the material is so subjected, while another is not, quite irrespective of the remoteness in time of the period to which it belongs. For instance, on one occasion the death of a near relation may enter into a dream-scene without disguise, because to the infantile ego there is nothing intolerable in the idea. On another occasion, however, it may be represented only in a disguised manner, because the adult ego resists it. Similarly, this is why an affect at one time retains its infantile character and intensity, while at another the devices of distortion and division are employed to render the same affect superfluous.

Possibly our new hypothesis explains up to a point the fact that a childhood wish is indispensable to the formation of a dream : for the infantile ego which is awakened reacts with its wishes in accordance with its own nature to the stimuli which awaken it and elaborates them in the sense of those wishes. Above all, our assumption explains the verisimilitude of dreams and brings it into close analogy with the delusions of psychosis ; for the creations of the dream-work impinge upon the infantile ego, as it awakens, as though they were external stimuli and are thus inevitably felt as reality. The circumference of the infantile ego lies within the thought-processes of the dream-work, and it makes contact with them with the boundaries of its cathexes. For orthriogenesis in dreams is not like waking into the real outside world but into a mental world, conjured up by the dream-work and experienced as the external world. We know from the case of other pathological processes that various ego-levels co-exist in the individual, unconsciously acting and reacting upon one another. So that perhaps a dream may be conceived of, to some extent, as a mental duologue between two parts of the ego, the adult and the infantile, the different levels and their products being visually represented. Such reciprocal

stimulation and reaction would account also for the separation of an affect from its source. Regression, to which the state of sleep gives rise, stimulates the pictorial form of experience. A *completed* dream represents merely the ' product ' of the duologue ; an *incomplete* dream comprises rather the different ' levels.'

According to this hypothesis the process known as secondary elaboration is brought to bear upon all these reactions of the ego as it wakes from time to time or on one level after another ; the process is rightly called ' secondary ' because, in it, the primary mechanisms of dream-work are not brought into play, but it is to some extent interpolated between different phases of the dream-work.

I propose in due course to bring detailed confirmation of the hypothesis here advanced. It presupposes the understanding of an ego-psychology, which I also formulate here only provisionally, until it can be fully and convincingly worked out.

II. Postulates to Serve as a Basis for an Ego Psychology.

A. *Definitions.*

(1) *Descriptive Definition.*—The ' ego ' is the lasting or recurring psychical *continuity* of the body *and* mind of an individual in respect of space, time and causality.

(2) *Phenomenological* (i.e. subjectively descriptive) *Definition.*—The ' ego ' is the lasting or recurring *continuity* of the bodily and mental life of the individual in respect of time, space and causality and is felt and apprehended by him as a unity.

(3) *Metapsychological Elucidation.*—The basis of the ego is a state of psychical cathexis of certain interdependent bodily and mental functions and contents, the cathexes in question being simultaneous and interconnected, and also continuous. The nature of these functions and the centre around which they are grouped are familiar.

B. *Topography of the Ego.*

(1) *Relation to Consciousness.*—Consciousness is one of the functions united within the ego by the ego. Accordingly, the ego is both the vehicle and the object of consciousness. We speak of the ego, in its capacity as the vehicle of consciousness, as ' I myself.'

(2) *Relation to the Preconscious.*—The state of simultaneous and interconnected cathexis which goes to form the ego extends not only over what is conscious at the moment but also over what is preconscious. Hence the ego is, in the main, a *potential* unity, which

becomes actual in so far as the functions and contents pertaining to it become fully cathected and conscious. When we awake, the actual ego of the moment becomes conscious, while the rest of the ego is placed in readiness to perform its interconnected functions : we may describe it as pre-cathected with an ego-cathexis.

If we adopt this view, we must modify Breuer's theory of a diffuse, tonic cathexis of the psychic apparatus by stating that, within this cathexis, there are many functions and contents which are pre-cathected with a more intense ego-cathexis, and that, owing to this state of pre-cathexis, they can be switched into operation simultaneously and interconnectedly. This modification is already implicit in Jung's theory of complexes. Nevertheless, we may assume, and I hope later to prove, that the continuous and inter-connected state of pre-cathexis which constitutes the ego differs qualitatively from all other complex-cathexes.

Consciousness is the ' slow-motion camera for the recording of psychic processes ' postulated earlier in this paper ; it is as such that the ego makes use of consciousness in dreams. Hence, the ego, as it awakes, dreams the timeless, i.e. simultaneous, unconscious stimuli which awaken it as though they were taking place in consciousness and time.

(3) *Relation to the external world.*—The extent of the state of cathexis which constitutes the ego varies ; its boundary at any given moment is the ego-boundary and, as such, enters consciousness. When an ego-boundary is charged with intense libidinal feeling but is not apprehended as to its content the result is a sense of ecstasy ; when, on the other hand, it is merely apprehended and not felt, a sense of strangeness supervenes.

Subjectively, we distinguish a bodily and a mental ego-feeling and, accordingly, mental and bodily ego-boundaries. That which, approaching from outside, impinges upon a mental *and* a bodily ego-boundary has full reality. This reality is affectively self-evident and is subject to no further test. The ' reality-test ' is possible only because, in the course of experience, fresh ego-boundaries have been established, which are not any longer impinged upon by the same impression from outside. In psychosis and in dreams the more lately established ego-boundaries have, as the case may be, either lost their cathexis or not had it restored. Hence the reality-test is defective or wholly absent. That which, approaching from outside, impinges only upon a mental ego-boundary has psychical reality (revelation). That which impinges

only upon a *single* bodily or a *single* mental ego-boundary is ' uncanny ', if experience has led the subject to expect a simultaneous impact upon several ego-boundaries.

(4) When libidinally cathected mental ego-boundaries are impinged upon not by objects but by other libidinally cathected ego-boundaries, affects are originated or released ; their quality depends on the nature of the libidinal cathexis of the ego-boundaries in question.

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A NOTE ON WASHINGTON

A certain remark of Washington's poses a problem of psycho-analytic interest. In the course of a letter to Governor Morris, dated December 22, 1795, Washington wrote, ' for sure I am, if this country is preserved in tranquillity twenty years longer, it may bid defiance in a just cause to any power whatever ; such in that time will be its population, wealth, and resources '. Straightway the question as to the origin of Washington's conviction that if the United States were unmolested ' twenty years longer, it may bid defiance . . . to any power whatever ' ; arises, and recourse to psycho-analytic principles permits us answer it.

On the death of his father, young George was placed under the care of Lawrence, his older half-brother. Lawrence, however, died of consumption in 1752, and to Washington fell the guardianship of Lawrence's daughter and the management of his estate. Here an interesting fact emerges. In 1752, when George Washington undertook the rôle of father (e.g. the charge of a child), he was twenty years old !

We may conclude then that Washington identified the United States with himself and assumed that just as he, at twenty, could successfully fill the rôle of father, so America could after twenty years do the same, i.e. successfully defy any other power. Incidentally, this identification shews the way in which narcissism may be transformed into patriotism.

An extract from a letter written to Benjamin Harrison on January 18, 1784, throws into high relief the indicated identification. Washington observed, ' That the prospect before us is, . . . , fair, none can deny, but, like a *young heir* [1] come a little prematurely to a large inheritance, we shall wanton and run riot . . . , and then like *him* [1] . . .'

[1] Italics mine.

The guilt associated with hostility toward the father (defy ' any power whatever ') appears in another letter. This time, April, 1898, he informed Henry Knox ' That my movements to the chair of government will be accompanied by feelings not unlike those of a culprit, who is going to the place of his execution '. The quotation is self-explanatory.[2]

Phillip Resnikoff.
(New York.)

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[2] The letters cited above may be found in W. C. Ford's edition of the *Writings of Washington.*

ABSTRACTS

General

Fritz Wittels. ' Nachtrag zu meinem Buche *Sigmund Freud.*' *Psychoanalytische Bewegung*, 1923, Jg. V, 1933, S. 302–318.

Wittels corrects and recants statements made in his book *Sigmund Freud*, 1923, which he regards now as caused largely by emotional factors (ambivalence) and not scientifically sound.

Melitta Schmideberg.

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Heinz Hartmann. ' Weltanschauung und Psychoanalyse.' *Psychoanalytische Bewegung*, 1933, Jg. V, S.

There are four relations between psycho-analysis and ' Weltanschauung '. (1) What is the WA background of psycho-analysis ? It is different for every generation. For its creator it is the scientific WA ; the highest valuation of reason. (2) Can a certain WA be deduced from psycho-analytic empirical findings ? No ; but psycho-analysis can offer technical means for reaching certain aims (in ethics, pedagogic, etc.). (3) How far will a given WA be influenced through psycho-analysis ? Through the analysis of patients and through its scientific findings ; it will be more in accordance with certain types of WA than with others. (4) The psycho-analysis of various WA. This relation is not discussed.

Melitta Schmideberg.

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Edward Glover. ' Medical Psychology or Academic (Normal) Psychology : a Problem in Orientation.' *British Journal of Medical Psychology*, 1934, Vol. XIV, pp. 31–49.

The main contention of this paper is that any pre-clinical course in psychology should ground the medical student in the principles of medical psychology and that a pre-clinical course in normal psychology is useless, irrelevant, and even potentially detrimental.

Medical psychology ' is a body of psychological knowledge based originally on the study of the neuroses, but extended later to include psychotic, characterological and asocial manifestations. From this body of knowledge methods of clinical diagnosis, prognosis and treatment have been simultaneously evolved and conclusions reached which constitute theories of mental structure and function. The most elaborate of these theoretical systems goes by the name of psycho-analytical " meta psychology ". Further, this body of knowledge has been subjected to the test of application to so-called " normal " structure and function, and in

the opinion of the investigators concerned has been found not only relevant but fruitful '.

To the descriptive, ' normal ', psychologist, ' the world is full of normal people amongst whom a percentage is abnormal '. But ' If, for example, we make a developmental approach to the subject . . . we find that what is usually called adult normality is . . . but a comparatively thin layer, as it were, a psychic epidemis. . . . In other words the pure psychologist is rather like a surface anatomist or dermatologist with a compelling interest in histology : with all the skill and equipment in the world, he remains an investigator of microscopic end-products '. Abnormalities are to a large extent regressions to more primitive modes of mental function. ' These regressive modes were once " normal " in different phases of infancy and childhood, and though frequently concealed in adult life, still constitute the greatest part of psychic activity '. ' And this, in effect, means that we should devote the greater part of a pre-clinical course to description of the psychic, frequently psychotic, reactions and mental systems of infancy and early childhood '. But, since medical psychology is pre-eminently the psychology of anxiety ' an introductory course should devote at least half the available space to a consideration of anxiety '. ' My suggestions for a course of thirty lectures are therefore as follows : the first six lectures should be devoted to animal psychology touching on the phenomena of fear and aggressivity, on the organic changes associated with periodicity of instinct, on guilt and shame in domestic animals and in particular on the psychology of monkeys. The subsequent eight lectures should be devoted to comparative anthropology, describing primitive anxiety systems and their modification in various stages of social evolution : they should demonstrate the archaic nature of mental illness dwelling in particular on the primitive equivalents of schizophrenia, paranoia, obsessional neurosis and hysteria. Ten lectures should then be devoted to child psychology, in particular the anxiety systems and defences of the normal child together with the psychic and physical changes induced by guilt reactions. The last six lectures would deal with the psychic phases and periodicities of adult life, ending with a description of normal adult emotional systems and common manifestations of unconscious conflict '. Details of this proposed syllabus are given in an appendix.

The remainder of the paper is devoted to cogent criticism of the inadequacies of the ' normal ' psychological approach to the problems of instinct and of effect, its almost total neglect of psychic pain and anxiety, and the fallacies inherent in ordinary laboratory procedure. ' . . . the methods of experimental psychology depend in many instances on inducing uncontrollable reactions to unmeasured stimuli '. The author takes up a suggestion of Ella Sharpe's and would prefer a course in literature (intuitive psychology) to a course in ' normal ' psychology if no other alter-

native were available. Evidence from analysts previously trained in normal psychology is to the effect that such training is useless in clinical work, and has sometimes been actually detrimental. At any rate the medical student is entitled to demand that any pre-clinical course in psychology which he may be required to undertake should be given ' by someone thoroughly grounded in medical psychology and reasonably conversant with its practice '. ' So far then from " normal " psychology being a useful preliminary to medical psychology, orientation in medical psychology ought to be made compulsory for every student who intends to approach the extremely obscure and mostly unsolved problems of normal psychology. For not only is the usual subject-matter of medical psychology (that is to say what the normal psychologist calls abnormal) a developmental phenomenon, but it is in fact much simpler than the subject-matter of normal psychology '.

Marjorie Brierley.

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Ernest Jones. ' Psycho-Analysis and Modern Medicine.' *The Lancet*, January 6, 1934, p. 59.

In an address delivered before the Paddington Medical Society, Ernest Jones shows how psycho-analysis can be compared to the functioning of modern clinical medicine, the importance of the dynamic striving impulses of the mind being particularly emphasized. In considering the contact made between psycho-analysis and general clinical medicine, the following three impulses are dealt with: the assistance psycho-analysis gives in dealing with a hitherto obscure field of clinical medicine; the light it throws on the interaction of mind and body in cases of organic disease; and the extent to which it is widening the field of medical practice.

Experienced practitioners have estimated neurotic disorders as varying between 60 and 90 per cent., irrespective of whether organic disease is present or not. Even if the body is one half of the organic personality and the mind the other half, then the understanding of disease can be divided equally between general medicine and clinical psychology. One common attitude is to deny the significance of these facts; other well-known methods of evasion are then commented on.

An analogy is drawn between bodily and mental pain, and it is pointed out that the mind is far more ingenious than the body in masking pain. Apart from the obvious acute pain of agitated melancholia most mental pain is overlooked and not 5 per cent. of it is appreciated at its true value. All neurotic symptoms are a method of escape from mental pain, and in this connection the conversion hysterias are exemplified. Mental dis-ease is often masked by its opposite, pseudo-happiness. The suicide frequently gives the impression of being ' in the best of spirits '.

Particular attention is paid to instincts and conflicts. The instinctive mental processes lie nearest to both the psychological and the biological way of thinking. The physical correlative of the instincts would be found in biochemistry. Instincts that matter most are concerned with either a positive or negative attitude towards our fellow-beings. The moral group is a combination of the two. Examples given are sexuality, hate, fear and morality. These instincts whether positive or negative in kind work in one of two opposite ways, sthenic or asthenic. Sthenic effects are bracing and asthenic effects enervating. If the instinct acts as an expression of the personality approved by the self, we call it ego syntonic, or if in opposition to important constituents of the personality, ego dystonic. Physiological emotional accompaniments, such as sweating and tachycardia occur mainly with ego dystonic manifestations. The importance of early mental development is now emphasized, and it is stated that the child has to accomplish the transition from animal to civilized man in his first five years of life, an achievement which has taken mankind anything from 50,000 to 500,000 years to accomplish. The essential content of repressed impulses summed up as incest and murder are now lucidly explained. The circuitous nature of symptom formation is mentioned, stress being laid on privation or thwarting in its relation to guilt.

In discussing the relation of psycho-analysis to bodily disease, several interesting points are raised under the three headings of *Deprivation*, *Fear*, and *Opportunity for Suffering*. Deprivation manifested in restriction of strength or movement is unconsciously a punishment for guilty impulses which may become conscious in the unsophisticated in the form of sacrificial ceremonies. Compensatory phantasies serve to deny the guilt or defy the punishment. The neurotic symptoms occurring as a result of this conflict, commonly express themselves clinically in the form of exaggerated physical symptoms. The result is intensified pain, etc.

Some degree of unconscious *fear* is inevitable. The word ' heal ' means to make ' whole '. The significance of mutilation and castration is explained in this connection.

Under the heading ' *Opportunity for Suffering* ', the deep need for self-punishment is explained and it is pointed out that this need may be expressed physically in avoidable accidents or in the commoner methods of self-thwarting in life which neutralize the unconscious guilt. The libidinizing of suffering or punishment found in masochism may express itself in a desire to undergo a surgical operation which may coincide with repressed sadism in the surgeon.

Finally, a more general application of psycho-analysis to social problems is mentioned, marital unhappiness receiving special attention. In the future the medical psychologist will play a far more important part than hitherto in the body politic and in legislation. The article ends with

a significant statement that the medical profession is signally unaware of and unresponsive to its present opportunities in this field.

Robert M. Riggall.

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Franz Alexander. 'The Relation of Structural and Instinctual Conflicts.' *The Psychoanalytic Quarterly*, 1933, Vol. II, pp. 181–207.

A conflict is termed Structural when an instinctual striving is rejected by the ego through condemnation by the super-ego, and Instinctual when a striving is rejected because it is incompatible with an ego acceptable one.

It is considered that there are three degrees of conflict: (1) external conflict based on external inhibition; (2) structural conflict based on internal inhibition from the super-ego; (3) instinctual conflict based on the incompatability of strivings. The question whether progressive inhibition can alter the proportion of bisexuality in the organization is left open, but inhibition of hetro-sexual strivings causes intensification of bisexual conflict, and, in men, over-compensation for inferiority by excessive masculine displays. The secondary excessive masculinity is a denial of femininity and masochism, consequently it is sadistic, unacceptable to the ego, and has to be expressed in symptoms. The altered character of the returning tendencies is also due to defusion, the erotic charge being converted into narcissistic libido.

Exhibitionism as a reaction to passive feminine oral regression is illustrated in a short account of a case. Two criminal cases are summarized, in one of which passivity was ego-acceptable and due to spoiling, while in the other regression was due to deprivation, both cases exhibiting instinctual conflict. In a third case oral receptive tendencies and masculine impulses were included in the ego, but femininity was repressed and the reaction to it was violent and aggressive. The instinctual development of a fourth case of dipsomania with violence and compulsive ceremonials is outlined.

It is concluded that the return of the repressed striving is facilitated by diminished dependence of the ego on the super-ego, through compliant suffering, and exaggerated by reactive denial of the repressed polar opposite. Adjustment to environment causes structural differentiation which excludes some impulses from discharge, and so causes tension, increases bisexual conflict, changes the proportion of pregenital and genital striving, and the distribution of narcissistic and object libido. The author views criminality as the protest of the ego against a combination of intimidation and deprivation.

H. J. Williams.

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Helge Lundholm. ' Repression and Rationalization.' *British Journal of Medical Psychology*, 1933, Vol. XIII, No. 1, p. 23.

In this rather lengthy paper the author attempts to elucidate the meaning and mechanism of repression by exploring its relation to rationalization. A dynamic view of mental functioning is taken. It is suggested that rationalization or manipulation of evidence usually plays an essential part in repression. ' If . . . the repressing agent were not prepared and efficient in producing the rationalization of a compulsion, the true motive of the latter would become conscious and the repression would temporarily be broken down '.

The author feels that the current view of rationalization involves the assumption that man has a natural rational impulse which is brought to life when a complex is touched. The thesis of the paper, on the other hand, is that rationalization is ' the very process of (the) repression which establishes the complex '.

No use is made of the concepts Id, Ego, Super-ego. ' If Freud had ever been able to make his *censor* clear to me, I might have been willing to identify the repressing impulse with the latter ', gives a fair picture of the author's familiarity with psycho-analytic theory.

D. W. Winnicott.

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Felix Deutsch. ' Studies in Pathogenesis, Biological and Physiological Aspects.' *The Psychoanalytic Quarterly*, 1933, Vol. II, pp. 225–243.

This paper arises out of a remark made by Freud, that biological medicine is treading on the heels of psycho-analysis. The co-existence and interdependence of psychic and organic processes is emphasized and some experimental evidence of bisexuality is instanced. The organic processes involved in anxiety states are considered in relation to constitutional conditions, and the possible limitations to the therapeutic achievements of psycho-analysis are regarded optimistically. Examples and illustrations of the organic repercussions of psychic events are given, including shaking palsy, constipation, obesity and dieting, asthma, and excessive thirst. Unconscious control, either stimulating or inhibitory, is shown to be exercised in all normal and neurotic functioning. The euphoria of those in the last stages of pulmonary tubercle is accounted for by the gratification of oral and respiratory eroticism. Finally it is urged that analytical and medical problems should be approached simultaneously from both aspects.

H. G. Williams.

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Panchanan Mitra. ' The Psychology of Cultural Change.' *Indian Journal of Psychology*, 1932, Vol. VII, pp. 100–116.

The author summarizes his article as follows : ' Is there one stream of

human social consciousness and the changes wherever happening and in whatever different shape have some relationship with each other? What is the relationship of the transcendental genius to the part of the stream where he comes to the surface? Is the passage of time evolving higher types and bringing about more fundamental changes more intensely and more rapidly than in primitive times? Is comparative study of primitive and later cultural changes going to yield us clues to this process of change and incidentally recover to us the scientific knowledge of mind as Experimental Psychology is revealing the mechanism of individual mind?'

I. F. Grant Duff.

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Ian D. and Jane I. Suttie. 'The Mother: Agent or Object?' II. *British Journal of Medical Psychology*, 1932, Vol. XII, pp. 199–233. (See this JOURNAL, Vol. XIV, p. 263, for abstract of Part I.)

This paper concludes the authors' presentation of a genetic theory of instinct designed to replace the notion of independent primary instinct-dispositions and to effect 'the simplification, or even supersession, of the onerous and obscure hypotheses of narcissism, identification, introjection and projection, super-ego, id, etc.'. The corner-stone of the theory is the concept of evolutionary adaptation to infancy, 'a general dissolution of instinct in adaptation to an infantile parasitic existence'. The 'associative craving' connected with this despecialized instinct is at first directed to the mother and later differentiated mainly through her agency. The psychological and sociological implications of the theory are followed up in some detail, the social importance of food-seeking as opposed to sexual cravings being specially emphasized. In an appendix, 'The Passing of the Œdipus Psychology', the authors take for granted that Freud's emphasis on the importance of pre-Œdipal phases in feminine development amounts to a complete retraction as to the role of the Œdipus complex in neurosogenesis and 'will compel a profound change in psycho-analytic tenets'. 'Our paper is an attempt to adjust psychological theory to the new position that thus arises'.

M. Brierley.

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Alice Sperber. 'Seelische Ursachen des Alterns, der Jugendlichkeit und der Schönheit.' II. *Psychoanalytische Bewegung*, 1933, Jg. V, S. 469–484.

Youthfulness is often promoted by sexual abstinence, the wish to remain young, childlessness and a narcissistic attitude. The younger generation to-day shows sexual precocity, love of pleasure and lack of idealization. Their narcissism acts as a counterbalance to their sexual precocity and helps to conserve their beauty and youthfulness.

Melitta Schmideberg.

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Clinical

Viktor von Weizsäcker. 'Körpergeschehen und Neurose.' *Internationale Zeitschrift für Psychoanalyse*, 1933, Bd. XIX, S. 16–116.

On the basis of cases treated or observed by him, and with the assistance of a psycho-analytical vocabulary, and some drawings (reproduced in the text) of a patient designed to illuminate aspects of his illness, the author discusses at length the relations between psychical and physical processes. Simply to say that psychical disturbance may be transformed into physical experience proves nothing.

The author sees difficulties in the way of the development of a rational psychophysic.

H. Mayor.

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Edward Liss. 'Conversion Syndromes.' *The American Journal of Orthopsychiatry*, January, 1934, Vol. IV., pp. 43–48.

The symptoms of the conversion cases cited fell into three general groups: (1) those whose physical disturbances are of a respiratory nature; (2) gastro-intestinal; (3) genito-urinary.

These symptoms dated from very early childhood, when they were treated by the author who formerly practised pediatrics exclusively. The physical manifestations in these cases had assumed a secondary role, and had been supplanted by emotional problems by the time the children had reached the seventh year. Subsequently in the absence of any definitely demonstrable organic affection, these children reactivated the pattern established in their previous illnesses as an escape from reality problems.

Samuel Z. Orgel.

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C. Worster-Drought. 'Hystero-Epilepsy.' *The British Journal of Medical Psychology*, 1934, Vol. XIV, pp. 50–81.

The author reviews 'the conditions known as "idiopathic" or "essential" epilepsy and hysterical fits or convulsions, as well as the borderland lying between the two'. He makes an interesting and informative survey of ætiology, clinical features, diagnosis and treatment in this field which is too detailed to permit of compression into a short abstract. The following points will be of special interest to psycho-analysts. '. . . it is extremely difficult, in fact almost impracticable, to draw a hard and fast line between hysteria and epilepsy; that is to say, it is scarcely possible to define where hysteria ends and epilepsy begins'. Both epileptic seizures and hysterical convulsions may occur in the same individual and the potential epileptic probably manifests hysterical fits prior to the appearance of true epileptic fits far more frequently than is usually supposed. The author doubts if the Freudian 'repressed Œdipus' ætiology of hysteria is universally

applicable though he regards analysis as the only radical method of treatment. He says of hysteria ' The essential clinical characteristic is dissociation of the mental representation of one or more functions. Its meaning is eventually purposive, the fit being a solution, however unsatisfactory, of some problem of everyday adaptation and an escape from reality '. As to epilepsy he says ' While admitting that psychological factors undoubtedly play a great part in the condition we are accustomed to regard as idiopathic epilepsy and recognizing that repressed complexes and emotional situations may determine the onset of a particular seizure, I am not prepared to agree that idiopathic epilepsy is entirely the result of emotional disturbances and therefore a purely mental illness. There exists some inborn physico-chemical factor, probably an inherent faulty integration of the nervous system itself. Acting on such a soil, psychogenic factors may determine the onset of a psychoneurosis or of the more profound symptom-complex known as epilepsy. What these inherent factors are has yet to be determined, but to some extent they are revealed in metabolic disturbances '. The author pleads for closer co-operation between neurologist and psychopathologist in diagnosis. In regard to the treatment of epilepsy he says : ' Where practicable and in suitable cases, I would not hesitate to advise psycho-analytical treatment '.

Marjorie Brierley.

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Oskar Diethelm. ' Non-organization and Disorganization of the Personality during Psychosis.' *Archives of Neurology and Psychiatry*, June, 1933, Vol. XXIX, pp. 1289–1304.

The author defines personality as the ' psychobiologically integrated unit which has developed and is developing during life '. Maturity is attained ' when the whole personality has reached a degree of organization which harmonizes the various strivings with integration of emotional and intellectual resources, utilizing the reality '. Certain aspects of the personality may fail to reach full organization or integration.

An attempt is made to point out the importance of the degree of organization of the personality in a genetic-dynamic approach to psychiatric problems. Thus in schizophrenia we encounter a disorganization of the personality with the appearance of features seen in the non-organized personality. On the other hand, a non-organized personality with an affective psychosis will show similar features which may be mistaken for disorganization, but which are actually due to immaturity.

Admitting that regression plays an important part in disorganization, the author feels, however, that the former cannot explain all the symptoms and that it may only be of secondary importance. Similarly that narcissism may also be only a part of disorganization. He adds that ' there is no

proof for the conception that mystical and magic experiences are part of narcissism ', and that ' there is no proof that the mental development of a person is the abbreviated mental development of the human race '. The author admits that he cannot explain disorganization.

Therapeutically he cautions (as others have done before) thus : ' Based on the concept of disorganization I should hesitate to analyse too thoroughly a patient who showed definite symptoms of disorganization or who had shown them previously '.

Three cases are cited (two manic-depressive, one schizophrenic) to illustrate non-organization and disorganization. The paper is mainly a descriptive effort. No contribution is made to the understanding of the dynamics involved.

P. Goolker.

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H. V. Dicks. ' Neurasthenia : Toxic and Traumatic.' *The Lancet*, September 23, 1933, p. 683.

This summary of a lecture delivered at the Institute of Medical Psychology states that neurasthenia is an obsolete term obscuring the nature of the conditions it is intended to describe. It should be discarded, but if it is not, the word should be used as an equivalent merely of ' abnormal subjective fatigability without obvious organic cause '. So-called neurasthenic symptoms are reducible to the effects of long-continued unconscious fear *via* the sympathetic system and its physiological connections, if indeed they have other than a subjective existence. These reactions are capable of being unmasked by severe frights such as occur in accidents. (Traumatic neurasthenia.) Cases occur where infective foci have produced a clinical picture of exhaustion similar to that of the psychoneuroses and the physiological mechanism of the symptom production is presumably the same as in purely psychogenic or mixed cases.

The Freudian point of view is criticized as being a curious compromise between Beard's original view and Freud's own psychopathology of the libido. The physioneurosis or actual neurosis has, according to Freud, no psychopathology, and hence is not amenable to psychotherapy. The author thinks that there is nothing in the Freudian view to disturb the psychogenic theory of abnormal fatigability which he advocates.

Robert M. Riggall.

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Sexuality

Helene Deutsch. ' Mütterlichkeit und Sexualität '. *Imago*, 1933, Bd. XIX, Heft I, S. 5–16.

Œdipus and castration determined inhibitions of sexual capacity are exhibited in varying degrees by men and women alike. Frigidity, the

feminine counterpart of impotence, appears to depend largely upon dread of masochistic tendencies. Maternal and sexual capacity do not always go together: under certain conditions they may be incompatible. The splitting of libido, described by Freud, which leads in the male to two-fold object choice (tender, and degraded ' prostitute ' mother) has its parallel in feminine psychology with the difference that, in the woman, it is the ego and not the object which is divided. The ego is torn between rival urges, to be ' motherly ' or to be erotic. The two extremes are personified by Balzac in *Deux Femmes*, in which both characters at times reveal the latent urges openly exhibited by the other.

Maternal feeling will come to the fore to the exclusion of sexuality: (1) where strong pre-Œdipal fixation to the mother gives a homosexual direction to the libido which tends to render the ' father ' negligible; (2) where masochistic libidinal tendencies are so fully satisfied in maternity (mater dolorosa) that sexual gratification recedes into the background; and (3) where phantasies of ' parthenogenesis ' dominate the unconscious. Parthenogenetic theories evade the incestuous guilt associated with intercourse but are also a protection against masochism. Motherliness in such instances often takes a displaced form, not involving physical motherhood. The case-history of a professional midwife is given to illustrate this point. Miguel de Unamuno's *Gante Tula* is an excellent portrayal of another variant of this type.

Marjorie Brierley.

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Ernst Simmel. ' Zur Psychologie der Geschlechter '. *Psychoanalytische Bewegung*, 1933, Jg. V, S. 285–301.

The different psychological attitude of women is regarded as caused largely by their dependent situation in a male social order. It is assumed that women left the leadership to men first because of a narcissistic attitude and later on because men represented for them parent substitutes. It is hoped that the constructive female element may succeed in binding the destructive forces among men.

Melitta Schmideberg.

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Karen Horney. ' Maternal Conflicts '. *American Journal of Orthopsychiatry*, October, 1933, pp. 455.

In the problem of maternal conflicts, Horney discusses the emotional factors that may disturb a desirable attitude of the mother in her relationship with a child. Early love feelings always have a sexual character that starts at birth, as expressed by the daughter's greater attraction towards her father, and the son towards his mother. The factors of competition

and jealousy with regard to the parent of the same sex are responsible for conflicts arising from this source.

The high emotional charge of the mother-son relationship is usually conscious in the transference of love from the father to the son, and not only are the incestuous sexual elements transferred from the infantile relation to the father, but also the hostile elements which were once connected with them. A certain residue of hostile feelings is inevitable as a result of the unavoidable affects caused by jealousy, frustration and guilt feelings. If the feelings towards the father are transferred to the son in their entirety the son will receive not only the love but the old hostility. Both will usually be repressed. One form in which the love and hate conflict may come out is in an over-solicitous attitude. Some mothers see their children constantly beset by dangers, and are fanatical about their care. In other cases mothers do not touch their sons for fear of injuring them, often giving a nurse exclusive care of the son. Another reason for the over-solicitous attitude of such mothers is the fact that their love has the character of a forbidden incestuous love, and they constantly feel the threat of the son's being taken away from them.

After reviewing well-known manifestations in family life of the Œdipus complex, Dr. Horney points out that another complication in father fixation cases is due to the jealousy between mother and daughter in that mother's own Œdipus situation causes a very strong sense of rivalry.

Girls with particularly strong ties to their own mothers either because the mothers have intimidated them, or who have had disillusionment from fathers and brothers, or had frightening sex experiences, develop masculine tendencies and fantasies. Such women are not well fitted for marriage. They are dissatisfied and their masculine tendencies show in the wish to dominate. If they do have children, they often show an exaggerated attachment to them. The masculine tendencies are shown by the woman's desire to control the children absolutely or be too lax with them. Often these masculine mothers develop an over-attachment to the daughter similar to that which other mothers feel towards the son.

Children may often revive the images and functions of the parents. Much of the formation of our conscience, particularly that unconscious part of it which we call the super-ego is due to the incorporation of the frightening images of the parents in our personalities. Horney is firm in her belief that the analysis of the maternal conflict is the ideal way to help any child, but this cannot be done on a broad scale.

S. Z. Orgel.

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Jeanne Lampl de Groot. 'On the Problems of Femininity'. *Internationale Zeitschrift für Psychoanalyse*, 1933, Bd. XIX, Heft 3, S. 385–415.

The author is concerned with the origins of the psychic differences

between men and women. Both men and women always have some of the characteristics of both sexes. ' Masculine ' and ' feminine ' are words taken from popular speech, and in Freud's use they correspond closely with ' active ' and ' passive '. This use is derived from the parts commonly played by the sexes in intercourse, though ' active ' and ' passive ' tendencies are displayed outside the sexual sphere.

In both sexes libido is first directed to the self (primary narcissism). Cathexis of an external object can only be effected if there is sufficient narcissism or if compensation is obtained by love from external sources. Disappointment in object love leads to withdrawal of cathexis on to the self (secondary narcissism). Normally, after an interval a fresh object cathexis can be made, but if narcissism is injured in any way this is impossible. For (active) object cathexis it is a pre-condition that a certain level of narcissism should be maintained.

Normally the boy in spite of disappointments in love and narcissistic wounds becomes a man who takes the active part in wooing and satisfies his aggressive impulses in a more or less sublimated way. His passivity is subordinated to his activity. The development to complete femininity means the adoption of a self-surrendering passive attitude. Aggression turned inward becomes masochism.

Horney's explanation of the sexual differences relies on innate biological factors, but she does not relieve us of the need to give a description of the psychic events which are the outcome of biological factors, nor does she account for the fact that small girls are often as active as small boys, nor explain what happens to their active impulses later on.

The author stresses the psychic importance of the penis as a cause of sexual differences. Both boys and girls need to maintain their narcissisms if they are to form active object relations. Both suffer from being small and inadequate lovers for their parents, but while Horney considers that the boys uterus envy is the equivalent of the girl's penis envy, de Groot points out that the uterus can only be of use in producing children in some remote future, whereas the boys penis is of immediate value for urinary and exhibitionistic purposes. While both children are inadequate as love objects to their parents, the boy has a narcissistic advantage as against the girl, consequently penis envy is more important than uterus envy.

The girl blames her mother for the lack of a penis, and withdraws her active love for her, seeking instead to be loved by the father, so to make good her injured narcissism. The adoption of a passive attitude by the boy is ' pathological ', and due to excessive castration anxiety.

De Groot discusses the need for the maintenance of the ' narcissistic reservoir ' in terms of Freud's ' Life ' and ' Death ' instincts. In intra-uterine life the conflict between the two classes takes place inside the organism. After birth (which implies a separation from the mother, and

is therefore a victory for the disruptive Death Instincts) Eros tries to bring about a fresh unification of mother and child by the physical process of suckling. This leads also to a psychic dependence of child on mother. The cathexis of the mother upsets the balance between Eros and Death, but this is restored by the turning outwards of the Death (aggressive) impulses which are used for the purposes of Eros in mastering the love object. There is a fusion between the two sets of impulses.

Other stimuli besides those of hunger have to be mastered, and this is the work of Death instincts. Mastery of external stimuli is achieved by flight, or when that is impossible, by the formation of a protective stratum of the nervous system. Against internal stimuli an analogous defence is provided by counter-cathexis, and here the Death Instinct makes use of energies belonging to ' Eros '.

During the first year psychic needs are added to physical, but also the stability principle is modified. Certain (erotic) stimuli are sought for as pleasurable, and this leads to certain theoretical difficulties which de Groot admits her inability to explain away. The pleasure pain principle, however, is developed, and defence is primarily directed against pain. The pleasure pain principle is extended to purely psychic pleasures and pains, e.g. those due to being loved or losing love.

Withdrawal of love leads to ' pain ' so that a loved object is desired and at the same time is part of the external world against which defence is needed. Defence is achieved by flight or aggression against the object. Libido is withdrawn and in the form of secondary narcissism it provides us with a barrier against painful stimuli analogous to that found by counter-cathexis in other cases.

The processes described involve a cleavage into ego and id—the ego with the help of id energy forming a defence against external stimuli. Secondary narcissism is a cathexis of the ego. The withdrawal of libido from objects frees the aggressive impulses which were originally turned outwards. These are now employed in the service of hatred and revenge, but since they cannot in fact be employed externally, they also are turned inwards, leading to an internal conflict between secondary narcissism and self-destructive impulses. The actual process is extremely involved in every individual case, but narcissism is needed to neutralise the Death Instincts.

The super-ego is the result of a further cleavage owing to the need to give up external objects, which again involves a desexualization and turning inwards of aggression. The interjection of the super-ego is an oral process. The stimulation of the mouth leads to a desire for a repetition of this passive experience, but also to an aggressive desire to master the object. It is the aggressive impulses which are responsible for incorporation and interjection of the object while the active libidal ones preserve it. In the

case of the boy the crude sexual desires are abandoned for fear of castration by the hated rival, the father. All hostile impulses are displaced on to him, and he is interjected by the aggressive impulses.

In the case of the girl the positive Œdipus attitude is only secondary. Her primary attitude is based on love for the mother and rivalry with the father. Her surrender of this attitude is accompanied by hostility to the mother and an increase of parenty or repression of masculinity. Her liberation from the Œdipus situation is more gradual and less complete than that of the boy, and owing to the comparative absence of aggressive impulses there is less tendency to interjection and less super-ego formation. In so far as she does interject, her super-ego is derived from both parents, like that of the ' feminine ' man, and this accounts for the comparatively small cultural achievements of women.

One of the main outlets for woman's ' masculinity ' is in motherhood, the typical ' masculine ' woman being a devoted mother, if an unsatisfactory and frigid wife ; the typical ' feminine ' woman being a devoted wife but an indifferent mother.

Adrian Stephen.

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Karen Horney. ' Psychogenic Factors in Functional Female Disorders.' *American Journal of Obstetrics and Gynæcology*, 1933, Vol. XXV, No. 5, p.694.

In this paper Karen Horney gives the basis for her conception that specific emotional factors play a predominant role in certain gynæcological functional symptoms. In cases of frigidity that she has had under her care she has found that there is deep-rooted hostility to the male, very often an aversion to playing the female role, and in nearly all cases her patients have had antagonism to their mother or sister and a fear of retaliation, these fears being warded off by frigidity.

These situations were very clearly repeated in the transference situation during analysis.

In hyperemesis, premature delivery and depression after childbirth, unconscious hostility to the expected child played a large part. Fears of dying at childbirth, says Dr. Horney, are related to childhood antagonisms to the patients' pregnant mother, and a fear of her retaliation in the patient's own pregnancy.

Masturbation fears have a great influence on bodily processes and mental attitudes, their effect varies from hypochondriacal fears about something being wrong with the body, being abnormal, and being unable to have a child, to being one of the most important causes of menstrual disturbance.

' The psychical equivalent of the bodily processes in the genital organs

at that time is increased libidinal tension '. This increase of tension cannot be stood by some women who have only with difficulty succeeded in maintaining a balance ; alarming infantile phantasies are revived in connection with bleeding, and are a basis for the disturbances of functional menorraghia and dysmenorrhia.

S. N. Yates.

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Fanny Hann-Kende. ' Uber Klitorisonanie und Penisneid.' *Internationale Zeitschrift fur Psychoanalyse,* 1933, Bd. XIX, pp. 416–427.

The author throws doubt on the widely accepted theory of the dominance of the clitoris in infantile female sexual development. She thinks the equation of clitoris with penis may be a male ' projection ' in the field of feminine psychology. She puts three questions :—

(1) Is clitoral onanism universal ; is it a necessary phase in female sexual development ?

(2) Is the clitoris to be regarded as an erogenous zone comparable to the mouth earlier or the vagina later ?

(3) Does penis-envy exist and is it universal ?

Freud, Abraham, Deutsch and de Groot would answer these questions in the affirmative. Clinical evidence from the author's cases, from Balint, Josine Muller, Harnik, Jones and others, testifies, however, to the very early occurrence of vaginal onanism. Four cases quoted by the author never practised clitoral masturbation at all, and where extra-vaginal onanism did occur, it was labial and vestibular. Ethnological evidence is scanty, but Felix Bryck's observations of negro women and children show that vaginal onanism (coitus with the finger), is the rule among them, and that customs prevail among them, such as excision of the clitoris and enlargement (lengthening) of the labiæ, which aim at increasing the pleasure of both man and woman in coitus, i.e. at increasing vaginal and para-vaginal sensitivity in the woman. Roheim's observations on Australian tribes are too few to carry much weight, and are capable of alternative interpretations. Further, evidence exists which denies the commonly accepted anatomical parallelism between penis and clitoris. The author prints a table, compiled from Brauses *Anatomie des Menschen,* according to which the clitoris corresponds developmentally only with the corpora cavernosum penis, the glans clitoridis has no genetic affinity with the glans penis, but the labiæ and the prepuce and glans have a common origin. On these grounds the author inclines to answer her questions in the negative. She does not consider clitoral onanism an inevitable stage in female sexual development, and denies its universality. She could not establish the existence of penis-envy in her own quoted cases. She thinks that penis-envy, when not regressive, should be regarded as

pre-genital in origin, a manifestation of urethral or other ' partial ' erotic trends.

Marjorie Brierley.

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Edward B. Allen and George W. Henry. ' The Relation of Menstruation to Personality Disorders.' *The American Journal of Psychiatry*, 1933, Vol. XIII, No. 2 (Old Series, Vol. XC).

The authors consider this an introductory attempt to correlate menstrual disturbances with mental illness in 100 cases, among which were thirty-four cases of manic-depressive psychosis and thirty-five cases of schizophrenia, the remainder being diagnosed as psychoneuroses and ' miscellaneous cases '. They note that in hypomania ' the flow is regular, but tends to be more profuse and of longer duration than usual '. In mania irregularities and occasionally amenorrhea appear. In mild depression no changes are noted ; in severe depression, ' there may be at first an increase in the amount and duration of the flow, then it is late and of short duration Finally . . . amenorrhea is found '. In general amenorrhea there is ' an expression of intensely painful emotional states regardless of the type of personality disorder '.

Ignorance of the function of menstruation in advance of its first appearance usually leads the girl to feel inferior and to make ' the compensatory strivings so often observed as a masculine protest '. The authors stress the sense of guilt aroused by the first menstruation, also the feeling on the part of the girl that she has been punished or injured.

The reaction to the menopause is the reaction to a loss or deprivation and very often consists of a ' sadistic compensatory attitude ' towards menstruation itself.

In attempting to correlate menstrual disorders with other factors such as diet, weight, appetite and so on, the authors found the most direct correlation was with intense emotional reaction, of whatever type. They believe that both the menstrual disorders and the emotionality are manifestations of total change in the individual and refrain from indicating any causal relationship between them.

W. V. Silverberg.

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Childhood

Melitta Schmideberg. ' Erziehung und Gesellschaftsordnung.' *Imago*, 1932, Bd. XVIII, S. 245–276.

The moral, religious, scientific, educational, and economic systems within any one form of social organization reflect one particular form of the Œdipus complex. The social structure and the type of education characteristic for it are alike the expression of a specific solution of the

Œdipus complex of the father. Education endeavours to impose on the rising generation the particular solution of the Œdipus complex desired and permitted by society, prohibiting all other manifestations of this. If a large number of persons, whose Œdipus complexes have taken a different direction, succeed in asserting themselves, a change in the social order follows.

(1) Matriarchate. Extreme passivity of father toward son, absence of educational measures, economic activity performed by women, prohibition of father-daughter, but not mother-son, marriage. Mother goddesses. Solution of the Œdipus complex in favour of the son.

(2) Patriarchate. Severe education, extreme submission by the son. Harsh and omnipotent God. Absolute monarchy. Faith. Solution of the Œdipus complex in favour of the father. The son purchases freedom, but at the expense of his sexuality.

(3) Bourgeois liberalism. Reduction in paternal severity. Abolition of torture and slavery, protection of labour. Shadowy conception of God (der liebe Gott). Constitutional monarchy. Reason. The Œdipus complex dealt with by means of a reasonable compromise between the claims of father and son. The author stresses the guilt aspects of this solution.

(4) The modern age. All power surrendered to an impersonal (also implacable) father (the State). The individual a cog in the social machine. Division of labour and splitting of responsibility. Monotony of work. Sexual activity stripped of phantasy. Sadism without guilt, but inner desolation. On the other hand, objectivity, and substitution of thought for action. Affect-discharge in intellectual fields.

Solution of the Œdipus Complex by Depersonalization

Identification, anxiety and guilt contribute to make the son's attitude to *his* son a replica of his father's toward himself.

Until the Œdipus complex undergoes a diminution in intensity, it is improbable that external changes can remedy human suffering.

Anhang. ' Zur Entstehung der Erziehung '.

By projection on to them of the parent-imagos, the child, the sick man, the criminal, and the heretic, awaken anxiety appropriate to the primal father. If restitutive (exorcistic) procedures (education, therapy, conversion, themselves infused with sadism) succeed, anxiety abates—if they fail, anxiety can only be overcome by exclusively sadistic measures. Education, religion, medicine, punishment originate in this anxiety.

H. Mayor.

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Gustav Bally. ' Die frühkindliche Motorik in Vergleich mit der Motorik der Tiere.' *Imago*, 1933, Bd. XIX, S. 339–366.

Dr. Bally attempts a biological approach to the subject of ego develop-

ment (including consciousness and differentiation between the ego and the environment) through behaviouristic animal psychology which stresses *aim* or *goal* rather than object relation.

He shows that the nearer the animal comes to the satisfaction of the biological aim to which it is, as it were, bound, the more stereotyped its actions become. For example, he compares the relative freedom of the lion to vary and improve its *hunting* methods not only with the strictly limited, but incredibly precise motor structures of some insects, but also with the lion's own stereotyped actions in *devouring* the prey and in *copulation*. In each case one organ dominates the whole motor apparatus. ' The animal is all mouth—all genital '. Distance gives greater freedom. It is in the field of *approach* only that considerable variations appear, just as in human beings in the sexual approach as compared with the sexual act itself. These possibilities of variation occur only when the young in animals enjoy a lengthy period of parental protection, during which the oral end-pleasure is obtained without satisfaction of the biologically connected prey-hunting and enemy-avoiding functions. These are exercised in play in comparative aimlessness. In other circumstances the animal must act and move in the more or less direct line of the goal the more direct the nearer its fulfilment. Strong effects, then, says Dr. Bally, intensify the endeavours in this more or less direct line, and restrict the field of action. Fixation to the biological goal denotes action according to the pleasure principle, and weaker but more permanent affect alone gives opportunity for the emergence of the reality principle.

Dr. Bally thus puts the accent not on instinct itself so much as on the fate of the instincts and the resulting affects.

With some illuminating examples drawn chiefly from Köhler, Dr. Bally develops the theme that only freedom from the affective drive towards the goal allows pleasure in function for its own sake and appreciation of objects as such. One type of learning is compulsive and bound to the biological goal. This, following Bühler, is called training (Dressur). For the second type of learning, allowing differentiation between function aim and object, play gives the possibility in the young of animals mainly, not with adults. From this point Dr. Bally endeavours to follow his hypotheses further into the realm of human development with a too schematic neglect of differences in favour of similarities between infants and young animals. But he emphasizes throughout the importance of security in the parents' provision of sustenance, for the freedom gained by the infant's primary instincts to move away from the rigid path of biological function, and for the development of a society orientated rather towards assurance of the food supply than towards immediate oral satisfaction. In both points, says Dr. Bally, man remains until his death more like the young than the adult animal. Long freedom from too severe tensions in this respect frees childhood from

the biological goals connected with prey and enemies, allows minor tensions due to interference with aim to produce attention, action of the distance receptors, and wider freer action directed towards the aim, with an objective attitude to it; in human beings, thought, a test action, social awareness and participation, and speech; and at length a potential willing directed towards the environment independent of a kinetic doing. The relation to objects as such and not an implicit part of the goal is brought about by play repetitions and is a very important factor in this series.

From the primary narcissistic situation through the ' purified pleasure self ' with the temporary changing relations to the environment, the reality ego is built up by the integration of all functions of a play-relation in the creation of an objective environment; and by the integration of all the corresponding situations accompanying the constant variation of function in game, to a synthesis of all the germs of consciousness—a self remaining continuous and constant and conscious through all changes, with anxiety arising when this unity is threatened by a break through of the original motor reactions.

Nina Searl.

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Melitta Schmideberg. ' Patienten, die keine Freundlichkeit vertragen.' *Zeitschrift für psychoanalytische Pädagogik*, 1932, Jg. VI, S. 318–322.

A nine-year-old boy of poor class reacted with strong anxiety when I gave him a birthday present he had wanted very much. In so far as I represented the ' good mother ' he felt afraid of the father's envy; in so far as I was the ' bad mother ' the present took on the significance of dangerous excrement. Thus the present roused anxiety concerning both the external and the internalized objects. Patients with a strong paranoid attitude react to severity with anxiety and to kindness with guilt which very quickly turns into anxiety; they cannot be influenced by human contact or pedagogic measures. There is a danger of an increasing detachment from objects leading often to psychosis or asocial behaviour.

Author's Abstract.

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Melitta Schmideberg. ' Die Wirkung elterlicher Konflikte auf das Kind.' *Zeitschrift für psychoanalytische Pädagogik*, 1932, Jg. VI, S. 311–318.

Conflicts between the parents are conceived as a fulfilment of the wish to separate them which springs from jealousy and anxiety. Increased efforts have to be made in order to suppress id impulses which could now be gratified more easily. Thus conflict between the parents may lead to increased endopsychic conflict often resulting in the outbreak of a neurosis.

Author's Abstract.

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Melitta Schmideberg. 'Nägelbeissen.' *Zeitschrift für psychoanalytische Pädagogik*, 1932, Jg. VI, S. 307–311.

Nail-biting phantasies relating to the sadistic primal scene are acted out, mouth and nails being substitutes for bodily parts of the parents. The nail-biting gratifies sadistic impulses, and serves at the same time as a defence against scratching. Education aims at the suppression of such symptoms, but their disappearance often exerts an unfavourable influence on subsequent development.

Author's Abstract.

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Melitta Schmideberg. 'Paradoxe Reaktion auf das Gestatten der Onanie.' *Zeitschrift für psychoanalytische Pädagogik*, 1932, Jg. VI. S. 311–313.

As a result of the analysts reassurance about the harmlessness of masturbation, the sixteen-year-old patient went on masturbating excessively with great anxiety (as he done before), but took great trouble to prove its harmful effects. Only when he gave up the compulsory masturbation did he cease to believe in its dangers. He wanted masturbation to be a sort of self-castration in order to avoid being castrated by others. Earlier an older friend had reassured him about masturbation, suggesting at the same time that it would be better to give it up. This advice increased his anxiety, in the same way as the analyst's permission did later. Such patients can be helped only by analysis.

Author's Abstract.

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Robert Walder. 'The Psycho-analytical Theory of Play.' *The Psychoanalytic Quarterly*, 1933, Vol. II, pp. 208–224.

This paper reviews the play of children in the light of the repetition compulsion. Difficulty may be encountered in accounting for games which are reproductions of unpleasant experiences. Observation suggests that repetition in play of an unpleasant experience brings about the assimilation of an affective residue left by the experience. A specific unassimilated experience calls re-experience, passively in so far as the individual lives in accordance with the compulsive drive of id forces, and actively in so far as the repetition is an attempt, by the ego, at mastery. A passive experience is actively repeated in order to master the impression received and this activity is regarded as a measure of the masculinity in the individual's later sexual behaviour. The unfinished process of assimilation is a further drive to repetition. The function of play is thus to bring about the mastery of excitations which are painful or which have too much effect for imme-

diate disposal. The repetition compulsion is also shown to be at work in mourning and in the dreams of war neurotics.

H. G. Williams.

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Vanda Weiss. 'Uber die Realität in der Phantasietätigkeit.' *Psychoanalytische Bewegung*, 1933, Jg. V, S. 263–270.

The author discusses the psychic reality of phantasies in various psychopathological and normal states.

Melitta Schmideberg.

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Emma Plank-Spira. 'Herbert in der Schule.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 83–88.

Dr. Sterba describes the behaviour of her little patient at school and the difficulties to which it gave rise.

Melitta Schmideberg.

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Fritz Redl. 'Wir Lehrer und die Prüfungsangst.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 378–400.

Redl discusses the problem of the teachers attitude towards examination phobia from the conscious point of view.

Melitta Schmideberg.

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Josef K. Friedjung. 'Angst in der Kindheit und als Problem des Kinderarztes'. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 410–413.

The manifestations of anxiety in childhood are briefly described from the point of view of the children's physician.

Melitta Schmideberg.

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Edith Buxbaum. 'Angstäusserungen von Schulmädchen im Pubertätsalter'. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 401–409.

This paper describes manifestations of anxiety in girls at puberty.

Melitta Schmideberg.

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Hans Zulliger. 'Die Angst im Formdeut versuch nach Dr. Rorschach.' *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 418–420.

Zulliger explains how anxiety can be demonstrated by the Rorschach test.

Melitta Schmideberg.

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Richard Sterba. ' Theorie der Angst '. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 421–432.

This paper is a description of Freud's views on anxiety.

Melitta Schmideberg.

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Editha Sterba. ' Aus der Analyse einer Hundephobie '. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 433–457.

This paper describes the successful analysis of a girl of seven and a half suffering from dog-phobia and some obsessional traits. The analysis was conducted largely by play.

Melitta Schmideberg.

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Alice Balint. ' Über eine besondere Form der infantilen Angst '. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 414–417.

Balint describes the infantile fear of being dropped as a specific anxiety situation. In dreams or phantasies of flying this anxiety is overcome.

Melitta Schmideberg.

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Hans Zulliger. ' Der Abenteuer-Schundroman '. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 357–377.

Z. shows that the reading of ' thrillers ' which correspond to the phantasies and anxieties of the adolescent help him to overcome his anxiety.

Melitta Schmideberg.

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A. G. O. Hodgson. ' Notes on the Achewa and Angoni of the Dowa District of the Nyasaland Protectorate '. *The Journal of the Royal Anthropological Institute*, 1933, Vol. LXIII, pp. 123–164.

This paper includes an interesting account of the initiation of girls among the Chewa. During the first three days of a girl's first menstruation, her father must sleep apart, and the ' village headman must abstain from sexual intercourse ' (p. 131). The main ceremonies take place some time after the second menstruation. After the girl's female instructors have ' at length left her to await her husband, they go with other married women to the house of the village headman, and uncover their private parts. While the headman gazes at them, his wife is present, and feels his penis. If he is excited, it is a bad sign, for all his people are his children, and he should be able to look at them without carnal desire. If he is not excited, they know that he is a father worthy to superintend their initiations ' (p. 134).

R. Money-Kyrle.

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Steff Bornstein. 'Eine Kinderanalyse'. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 253–281.

Bornstein describes the successful analysis of a three-year-old boy. The analysis was conducted in the child's home and partly in the presence of the mother. From the illustrations given it appears that the material interpreted is almost exclusively verbal, that symbolic interpretations and interpretations of the transference situation and resistance are avoided and real experiences very much emphasized. Much 'reassurance' is given and the help and influence of the mother are used freely. Interest in certain subjects is at times 'provoked' in the analysis and sexual questions are explained even if they have not been raised.

* Melitta Schmideberg.

Melitta Schmideberg. 'Psychoneuroses of Childhood: Their Etiology and Treatment'. *The British Journal of Medical Psychology*, 1933, Vol. XIII, pp. 313–327.

Five case histories of children between two and a half and sixteen years of age (with anxiety symptoms, hysteria, severe eating inhibition, mental defect and paranoid dementia) illustrate the mechanisms of symptom formation, with special reference to anxiety, conversion and obsessional symptoms, persecutory ideas, general inhibition, 'naughtiness' and character difficulties. Analytic material derived from adults who suffered in childhood from these symptoms shews the relation of these to later development.

* Melitta Schmideberg.

Estelle Levy. 'Psychoanalytic Treatment of a Child with a Stealing Compulsion'. *The American Journal of Orthopsychiatry*, January, 1934, Vol. IV, pp. 31–42.

Estelle Levy describes a case of stealing compulsion in a boy of eight whom she successfully treated with the technique employed by Anna Freud. In this analysis she discerns the Œdipus complex as the nuclear situation which resulted in the child's boasting and bragging to overcome his father. His castration fear resulted in the denial of the proportion of little and big son to father. The compulsive stealing was shewn to be entirely of articles which were penis symbols and which he took to indemnify himself for the renunciation of the father rôle. She points out that while her case agrees in its fundamental dynamics with that described by Alexander it differed in that the patient stole from anyone, and that his stealing, boasting and lying had their bases in his castration complex.

* Samuel Z. Orgel.

L. E. Peller-Roubiczek. 'Gruppenerziehung des Kleinkindes'. *Zeitschrift für psychoanalytische Pädagogik*, 1933, Jg. VII, S. 93–119.

The two extreme types of education aiming at suppression and at

gratification of instincts are contrasted. The psycho-analytical findings about the inhibition of instincts through unconscious identification and the development of the reality principle are described. The Montessori pedagogy aims at excluding all traumatic happenings in education and at enabling the child to take possession of the surrounding world.

Walter Schmideberg.

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Applied Psycho-Analysis

Ernst Kris. ' Ein geisteskranker Bildhauer '. *Imago*, 1933, Bd. XIX, S. 384–411.

The author made a study of a series of busts—*die Charakterköpfe*—executed by Messerschmidt, a schizophrenic sculptor who worked under the patronage of Maria Theresa. Messerschmidt believed that he was liable to be assaulted or seduced by evil spirits, and that only the fearful grimaces he made could scare them away. The expressions of *die Charakterköpfe* recorded these grimaces and had therefore a general apotropaic function, while the lips, always tightly pressed together, represented a specific attempt to master impulses of oral sexuality and genital sexuality which had been displaced on to the oral zone. Evidence that the sculptor was fixated in an infantile phase of omnipotence is found in his identification with a creator God and his preference for magic mechanisms of defence.

Philippa Middlemore.

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H. Del Medico. ' Ein Œdipuskomplex im elften Jahrhundert '. *Imago*, 1932, Bd. XVIII, S. 214.

The subject of this study, Michael Psellos, was a Byzantine Greek. He was ' a philosopher, statesman, lawyer and mathematician ; a universal genius and *bel esprit* such as are only to be met with in the time of the French Revolution and the Renaissance '. Besides his political activities Psellos wrote works on history, music, geometry, philosophy, astronomy, grammar, the art of war, metaphysics, jurisprudence, geography, etc. Besides these he has left behind him epigrams, speeches, poems and about 500 letters. Del Medico points out that many psycho-analytical studies of historical personages suffer because what we know about these people comes to us at second hand. This is not the case here for Psellos composed one writing of great psychological and autobiographical value. It was customary in the Byzantine Empire in the eleventh century to make funeral orations, and the one that Psellos made in honour of his mother has come down to us. In it he tells us many enlightening facts from his childhood and about his relationship to his mother, father, and sisters. He also recounts a certain number of dreams. These have their own special interest, though the interpretation of them has to rely

chiefly on the usual meanings of the symbols used, as there are too few associations to help us to a more individual note. The whole article gives us a fascinating glimpse into a part of history which deserves more attention than it generally gets.

I. F. Grant Duff.

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A. Izeddin. 'Eine mohammedanische Legende'. *Imago*, 1932, Bd. XVIII, S. 189–213.

The paper is an investigation of the disposition of libido and of the psychological mechanisms employed in the Sufi cult, so far as these can be inferred from an analysis of the legend of Merkez the Sufi.

The legend is a presentation of the Œdipus situation in which the child is punished by death after his incestuous wishes have been gratified. A powerful identification with the father is evident in the course of Merkez's life as well as in the legend. Similarly all Sufis are identified with their spiritual fathers and ultimately with the Prophet and with God. Phantasies of punishment for rivalry with the father are represented by the adversities through which Merkez passed, and by the asceticism and the paranoid character of the ecstatic Sufi cult.

P. Middlemore.

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Owen Berkeley Hill. 'What is the Basis of Special Ability'. *Indian Journal of Psychology*, 1933, Vol. VIII, pp. 159–170.

The author gives a short account of his own experiences in the learning of foreign languages. He contends that 'Neither ability nor disability can function apart from the emotional life' which has its roots in the unconscious. He thinks that if the 'various analytic and psychological techniques were used more co-operatively, scientific progress would be more rapid'.

I. F. Grant Duff.

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Edmund Bergler. 'Unbewusste Motive im Verhalten Napoleons zu Talleyrand'. *Psychoanalytische Bewegung*, 1933, Jg. V, S. 319–369.

The author comes to the conclusion that Talleyrand signified for Napoleon (1) a good father-imago; (2) a father-imago who permits the murder of the father; (3) the hated father; (4) the revenging father.

Melitta Schmideberg.

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Eduard Hitschmann. 'Die Bindung Eckermanns an Goethe'. *Psychoanalytische Bewegung*, 1933, Jg. V, S. 520–526.

The analysis of two dreams expressing Eckermann's attachment to Goethe.

Melitta Schmideberg.

BOOK REVIEWS

New Introductory Lectures on Psycho-Analysis. By Sigm. Freud, M.D., LL.D. (The Hogarth Press and the Institute of Psycho-Analysis, London, 1933. Pp. 240. Price 10*s.* 6*d.* net.)

A new book by Freud means much to every analyst; and to the many true lovers of his genius, of his personality and the magic of his words any book from him will be a delight, even if, as he claims, it contains no important additions to our knowledge. Of his rare qualities one is his variety. Three years ago appeared his book on civilization, with its huge scope, its originality, its magnificence; now after that great symphony the present volume is like a suite of simple melodies.

All Freud's work may be said to have been addressed to the lay public as well as to specialists—we know the reason—but the original Lectures were specifically composed for such an audience. He has been led now to seek that audience once again, and we shall see that he has been impelled to round off his earlier presentation of psycho-analysis by a picture of his views as they stand to-day. He resumes with an incomparable clarity and lucidity the immense field of work in the intervening years; but analysts will note a selection of topics, the omission of some important considerations and a new and recurrent emphasis on certain aspects, notably, for instance, on *external* causative factors. As compared with the earlier Lectures, this book has less of the atmosphere of immediate living contact with the subject discussed. Theories and conclusions were ever in plenty, since they are the essence of Freud's productive mind; but whereas a close and vivid relation to observation—a contact with the laboratory—characterized the former, this book seems to present a deposit of impressions developed in the study—a crystallization on his own personality, as it were. It is as though to this audience he is willing to shew something of himself as well as of his work.

He begins, as we should naturally expect, with a lecture on dreams, that corner-stone of psycho-analysis; it is simply a recapitulation of the theory of dreams, charming in its lucidity and simplicity. Two problems not dealt with in the earlier lectures are mentioned: that of punishment-dreams, explained as wish-fulfilments on the part of the super-ego, and that of 'traumatic dreams'. These latter are attempts which fail, endeavours without success to change memory-traces of a trauma into wish-fulfilments. This is convincing to any analyst; some would wish, however, that, in relation to this problem as well as others, Freud's interest had been gained in recent work on the interrelations between phantasy and reality. This is a factor he does himself take into account in a general way in his theory of dreams: for instance, in recognizing the reassurance-value of the

difference between phantasy and reality, the fact that ' after all it is only a dream ', from which one does wake up alive.

In another lecture Freud takes up an almost new topic, the interesting question of occult manifestations, and discusses one aspect of it, their connection with dreams. Here he has some important and valuable things to say, important not primarily on account of the nature of the subject or of his conclusions, but in virtue of his exposition of the unscientific prejudice which obstructs the study of it. He discusses the data of some remarkable coincidences and suggests that we ' should think more kindly of the objective possibility of thought-transference and of telepathy '. ' One is displaying no great trust in science if one cannot rely on it to accept and deal with any occult hypothesis that may turn out to be correct '. It is ' probable that in occultism there may be a core of facts which have not hitherto been recognized, and round which fraud and phantasy have woven a veil hard to penetrate '. The possible explanations, he says, are highly speculative and full of unsolved problems, but the truly scientific enquirer will feel *no need to be alarmed* by that. In fact Freud has here uttered a salutary recommendation, for the materialistic trend of the first scientific era still weights the scales with prejudice against the occult, even in the minds of many psycho-analysts.

Two lectures are devoted to the theory of psycho-analysis. The first of these deals with the ' anatomy of the mental personality ', and consists of a short statement of ego-psychology and an account of the mental institution known as the super-ego. In this description conscience and self-observation are differentiated as two separate functions of the super-ego. On the question of the origin of the latter Freud still shews himself most cautious and conservative, omitting some of the developments in his views he had suggested in his preceding book (*Civilization and its Discontents*). In explaining that super-ego formation is based on identification, he not only tells us that we must not ' confuse ' identification with object-relation, but makes it clear that in his view both attitudes do not exist simultaneously, at any rate in regard to the first objects, the parents. That they can do so in regard to later objects and that this is especially obvious in women, he admits. But where the parents are concerned identification precedes an object-relation in the first instance, and again succeeds it after the object-relation has passed away or been ' destroyed '. ' Normally ', he says, ' the Œdipus complex is not merely repressed but completely destroyed in the id ', and where this replacement of object-relation by identification is unsuccessful the super-ego development is correspondingly weak. It must be remarked here that a large body of analytic opinion would dissent from the view that, even in ' normal ' persons, the repressed libidinal object-relation to the parents is ever destroyed ; it could be maintained, on the contrary, that the more normal

the individual the easier it is to detect a *satisfactorily* repressed sexual relation to the parents underneath an aim-inhibited conscious one, and further, that where a satisfactory libidinal object-relation with them has not been achieved and maintained in the id, no satisfactory erotic relation will be obtainable in adult life.

Thus, according to Freud's view, super-ego formation takes place only subsequent to the passing of the Œdipus complex. The super-ego is derived, by identification, from the external influence of parental rewards and punishments. He still expressly states that ' small children have no internal inhibitions against their pleasure-seeking impulses ' ; though later, in the lecture on anxiety, he makes a very cursory mention of the contribution to super-ego formation from within the child's own personality (e.g. of its own aggressiveness). He does not now allow that the super-ego is influenced (the ego alone may be so) by later parent-substitutes, just as he does not recognize that any other object-relation than the (phallic) Œdipus complex can contribute a ' precipitate ' to form the super-ego by identification. He alludes indeed to the general connection of identification with the oral phase, but only by the non-committal remark that identification has been *not inappropriately compared with* the oral cannibalistic incorporation of another person. He makes no reference to the possibility, for which there is a substantial weight of evidence advanced by other workers, that there can be a temporal developmental connection between such oral cannibalistic impulses and a primary identification with the parents. (This identification with the oral object would then form the nucleus of the introjected parents and their frustrating functions which later constitute the super-ego.)

In an interesting passage he describes how the super-ego becomes the vehicle of tradition and established values, since once men and women become parents themselves they can at last fully identify themselves with their own parents who restrained them so severely. This observation strikes one as correct ; whether the theoretical inference from it is sound seems uncertain, since there are undoubtedly other factors in the complicated relation of parents to their children to be taken into account. For instance, unconscious guilt in regard to the realization of the childish wish (to be a parent) may increase the severity of the parent's super-ego, which is then discharged against the child. Among all the manifold significances one's child can have, a major one is abundantly clear in all analyses : it represents oneself as a child, one's own id.

The prevalent popularity of the term ' sense of inferiority ' leads Freud to explain that the conception finds little or no place as such in psychoanalytical theory, and that it is ultimately found to be almost synonymous with the sense of guilt. This lecture concludes with an exposition of the topography of the id, preconscious and consciousness in the mental

apparatus. He warns us here that these mental systems are not to be regarded as too rigidly and sharply delimited from one another.

In his description of the attributes of the id he speaks of the ' virtual immortality ' of the impulses and impressions which compose it ; one striking passage stands out here and should be quoted : ' It is constantly borne in upon me that we have made far too little use for our theory of the indubitable fact that the repressed remains unaltered by the passage of time. This fact offers us the possibility of an approach to some really profound truths '. It is not easy to understand how this is to be reconciled with his conception of the destroyed Œdipus complex. Whether it is ' destroyed ', or exchanged for the super-ego or transformed into the latter, in the Freudian view it clearly does not ' remain unaltered ' in the id.

A lecture on anxiety and the theory of instincts follows. Freud here gives a statement of his present views on the central but difficult problem of anxiety, but he tells us plainly that ' none of this information claims to provide a final solution ' of it. In this lecture Freud implies that the instinctual source of anxiety can be aggression as well as libido, although he specifically mentions aggression only in connection with super-ego anxiety.

In the main, however, Freud has now left on one side the question of the instinctual source of anxiety—' the stuff of which anxiety is made has lost interest for us '—and has turned to considering the conditions under which it arises. Here most of his previous conclusions still find a place. He explains in some detail his present conception of the twofold nature of anxiety : first, in line with his earliest view, as the direct effect of traumatic situations (a degree of excitation too great to be discharged or bound). These traumatic situations, he says, can at any time ' create their own anxiety anew ', which is thus again conditioned by the same factors as that experienced at birth and is not merely modelled on the pattern of it. Secondly, anxiety can be evoked by the ego as a signal that such a traumatic situation threatens to recur. He holds now that anxiety causes repression and not repression anxiety, and he points out that it is the ego that experiences anxiety and even evokes it.

A new formulation is that internal and ucs factors (libidinal impulses) do give rise to anxiety, but that ultimately this can be traced to external danger-situations and is therefore ' objective '. We remember here that in the past, before Freud discovered the world of phantasy, he regarded his patient's stories of seduction as valid ; though we remember too that if he had not done so the world of phantasy would not have been discovered by him. He quotes an appropriate danger-situation for every stage of development, according to the conditions of the child's life ; but in this connection he considers in detail only threats of castration. In here discussing the relation between objective and neurotic anxiety he has

set foot on the indeterminate borderland between phantasy and reality, but their interrelations (which have been seen by other workers to be the effects of alternating projection and introjection mechanisms) he explores no further—' castration ', he now says simply, ' is a danger that threatens from without and the boy believes in it '.

In his account of instinctual life it is to be noted that Freud still holds that the genital phase of libidinal organization is established only after puberty, and also that the female genitals then for the first time receive recognition. He mentions that the different stages of libidinal development are now seen to persist by the side of and behind the later and subsequent stages. He quotes, however, only some positive aspects of anal and oral erotism which directly contribute to genital sexuality, e.g. fæces as a gift, the forerunner of penis and child. The sadistic element in the pregenital stages is not specifically discussed, although he has spoken earlier of the reaction-formations which the ego acquires in the course of development. The distinction between ego instincts and sexual instincts is recapitulated in this lecture; Freud relates how the conception of narcissism and ego-libido rendered this duality invalid and it was superseded by another (arrived at by a different route), that of Eros and the death instinct, representing forces of integration and disintegration respectively. In this presentation, in support of his hypothesis of a death instinct, Freud first stresses the clinical facts of sadism and masochism; he also quotes the need for punishment (operating in every neurotic disease) as the cardinal instance of aggression turned inward, acting through the super-ego against the ego. The hypothesis of varying degrees of fusion of Eros and the death instinct thus replaced his original theory of completely heterogeneous ego and sexual instincts, in which at the same time the sexual were dependent on the ego in earlier stages.

In this matter his conception throughout has been, and is in its present form explicitly, one of a constant *interaction and adjustment* between two opposing forces within the organism: Eros and death (or libido and aggression). The phenomena of life, he says in *Civilization and its Discontents*, are explicable from the ' interplay and counteracting effects upon each other ' of the two instincts. There in relation to the development of communities he shewed this interaction at work: the ways in which Eros binds and masters the forces of self-destruction and the ways in which aggression, in the super-ego, restricts sexuality. In that book, moreover, the part played by the individual's own aggressiveness in the severity of the super-ego received considerable recognition, while here this factor all but escapes mention. His account of the evolution of the individual in the early years before the post-Œdipal super-ego is formed (and before Freud regards him as a member of a community) seems, however, to exclude this interaction between libido and aggression. No operation of

aggression turned inward, acting upon and counteracted by the libido, is recognized by Freud until the formation of a post-Œdipal super-ego takes place. He remarks here, it is true, that ' theoretically . . . it is doubtful whether we ought to suppose that all aggressiveness that has turned back from the external world is bound by the super-ego '. Internal mental conflict, Freud's momentous discovery, is based, as he has explained, on this very interaction of libido and aggression within the organism. Yet he tells us in various ways, directly and indirectly, that internal mental conflict does not arise in the child until after its Œdipus complex has passed away. Freud could perceive the cardinal importance of anxiety—man's inner fears and internal conflicts—and he was able to postulate the existence of a death instinct ; he ignores their full implications, however, he represents one stage of mental life as exempt from their operation and does not accept evidence in regard to that stage which confirms, extends and amplifies his own hypotheses.

The possibility has been put forward elsewhere that something like a super-ego formation might take place during earlier stages. It would constitute an inward-turned aggression and would be formed by an introjection of an ' aggressive ' parent, resulting in an identification to which the child's own aggressiveness contributed a large share. This possibility could elucidate many difficulties. Among other things, it explains the anomalies of internal and external sources of danger. It points a way to a fuller understanding of ' traumatic situations ', when the internal and external worlds both at once seem dangerous and the ego's helplessness correspondingly reaches a maximum. Such early identifications and their effects, moreover, would and do provide a manifestation in ' pregenital ' stages of that ' interplay ' between the instincts which Freud regards as the mainspring of the phenomena of life but which is lacking in his description of the individual's early development.

Freud here gives one hint of a radical deep-lying connection between oral sadism and final developmental positions, but he nowhere follows it up ; he contents himself with a mere comparison. He speaks of the inhibiting effects of civilization, the super-ego, in mental development as being like the famous predicament in the organic world, ' Eat or be eaten '. If we choose to take this comparison more seriously, its meaning is very pertinent, namely, that the child is prevented from devouring its parents by a parent within it which devours it (the child)—a super-ego on the oral level, in fact, but a phantasy-situation common enough in analytic material and therefore one deserving to be taken seriously. Incidentally, much of Freud's own descriptions of the relation between the community and the individual becomes more intelligible in this light : e.g. the tendency he has pointed out for the community to swallow the individual whole and use him up within it, alive or dead, for its own purposes. All the problems of

the dependence of human organisms on each other reflect their primary prototype in the child's oral stage of evolution.

But we have to remember that this book is but a short summary. Moreover, Freud's caution has often proved valuable; he does not give more than he has and he has always been ready to leave many openings for other workers to pursue. It may be that here Freud has chosen to give the simplest and easiest presentation to his audience, if not also to himself.

A fifth lecture discusses the psychology of women—a line of research Freud has more than once acknowledged as obscure and baffling to analytic understanding. He gives here a clear and succinct account of his recent conclusions on the difficult topic, set out, moreover, with marked decision and emphasis, as though he wished to make an end of all doubts on the matter. Nevertheless, the scientist in him seems still to have some doubts, for he ends by saying that if he does not satisfy us we should 'interrogate our own experience, or turn to the poets or wait till science gives us more profound and coherent information'; and we feel that the lay public at least, to whom this volume is addressed, would take this course whether he had pointed it out to them or not. So I too in discussing his views will avail myself of general human judgements on the psychology of women, as well as of the experience of analysts.

The development of the woman's personality—in particular the early antecedents of its complicated structure, which involves transitions in both her sexual organ and her love-object—have for some time been a disputed matter among certain analysts, and Freud here comes down authoritatively on one side in the debate. His view has always been that the little girl turns to her father, and thus changes her love-object, upon the discovery that she is inferior to the boy in having no penis. According to Freud, she first becomes a woman in default of being or becoming a man. From this cause too she ultimately renounces her unsatisfying male organ (clitoris) and eventually acquires her vagina instead. He now takes up some undoubtedly correct data relating to the girl's earliest object-relation (to her mother) and employs it in support of his previous view. When the girl discovers her lack of a penis, she regards her mother as responsible for its absence in her and turns against her accordingly. Freud here concludes that it is on this account that she turns to her father; again therefore the lack of a penis gives rise to her adoption of the feminine position.

It is not possible here to discuss the problem in detail. It is a cardinal feature of psycho-analytic theory that human beings relinquish certain libidinal aims (to a relative extent) and change their love-objects in the course of development. But psycho-analysis has never denied—it has rather assumed—that the promptings to these progressive steps in development come in part from within the instinctual constitution; in this case

they are assumed to result entirely from external experience. The boy's genital sensations are the exciting cause of his genital interests. That this might also be equally true of girls (in the sense of vaginal sensations) is strenuously denied in the Freudian view. Whether or not the facts are as he claims, which is at least not certain, it is a far step to propose that the woman's sexual character and sexual function remain completely latent and, so to speak, non-existent in her, exerting no influence on her, from birth until such time as the accidental trauma of discovering that she has no penis takes place. But this is the Freudian view. And it may be said that the overwhelming and unparallelled importance thus attributed to the female castration-complex would seem to colour, not only his picture of the girl's earliest years, but of woman's nature throughout her life.

Just as there is no recognition by Freud of innate feminine characteristics in the small child and other expressions of her instinctual destiny—it is strange how he who opened the eyes of science to infantile sexuality can so ignore the baby girl's essential coquetry and pronounced interest in men, and explain away her play with dolls—so this account of the psychology of women in general contains neither description of the nature and elements of the feminine sexual attitude, nor of its genetic derivation. For a woman, Freud says, ' undiluted satisfaction is obtained only in her relation to her son ', and that because it alone at last gratifies her masculine ambitions and her male identification. According to his account every other relation in life will be accompanied by disappointment, sense of loss and feelings of inferiority.

It is not a credible view of women ; nor have poets ever foreshadowed it ; nor is it the ordinary judgement of mankind. Freud himself indeed has not always looked at women thus. In his time he placed on record (in his paper on narcissism) some of the characteristics of what he called the ' purest and truest feminine type ' and endeavoured to explain them : he described the typical female self-sufficiency, inaccessibility, the relative lack of object-love, and satisfaction of women in being loved, which men envy as a blissful state of mind and which mystifies them as the ' enigma of woman '. He was certainly right ; Mona Lisa's smile in itself would have confirmed him.

But to-day he does not mention these characteristics ; he dismisses the greater narcissism of women in a word and couples it with feminine vanity as an overcompensation for the lack of a penis. He tells us woman feels inferior and lacking all her days. Here Mona Lisa's smile belies him. For women have their own peculiar satisfactions, *secret* though they be, and the task of analysis is to disclose them. Among the adherents of his views in this disputed matter there is one who had an inkling of the secret. Helene Deutsch has recognized the ucs equivalence of vagina and mouth, and the oral sucking nature of the vaginal orgasm ; this sucking

function, as she says, ' corresponds to woman's entire anatomical structure '. It does not seem probable that woman's psychology can be understood on the basis of her masculinity alone ; it is in the interrelations of it with her oral libidinal components that the explanation lies.

What is woman's secret ? It is clear that the ego interests and the libido of the average woman are fused and identified in a characteristic way to a far greater extent than in the average man ; thus it is that she is so individualistic, narcissistic and ' personal '. Her body (clothes, house, etc.), her husband and children make up her life. *Die Frau verrät ihr Geheimnis nicht.* She does not betray her secret, she has it within ; *but if she has it there* she does not need a penis without. She has incorporated her love-object within herself ; thus she may even become independent relatively of love-objects without, as in the narcissistic, the ' purest and truest ' feminine type according to Freud.

All that Freud tells us of the woman's castration-complex is true, but it is not half the story of woman. When a woman's oral libido, later carried over to her genital zone, has developed free from undue anxiety, she has a freedom and satisfaction both in acquiring, but mainly in possessing, and ultimately in cherishing ' good ' objects within her, whether they be a man's sexual organ within her (in phantasy), or his children, or himself, or bodily beauty or treasures of any other kind. Passivity and receptiveness, if analysed, can be found to derive from oral acquisitiveness, incorporation and possession, based certainly on the girl's earliest object-relation to her mother, which Freud now so stresses. Here surely is the foundation and ultimate pattern of development of the woman's psychology, interwoven though it be with masochism and the additional complications of her castration-complex and rivalry of her father and brothers. And when this receptive and possessive satisfaction is full and overflowing, and not warped by unresolved sadism and anxiety, it can lead to another characteristic, if rarer, feminine quality, which men and poets also have recognized—the special capacity of women for outpouring and surrender of the self in love and work. Needless to say, the peculiar anxieties attending this special character of her instinctual aims are of a formidable kind, and from their nature less easily allayed by external reassurance than is the castration-complex in men, so that difficulties and disappointments seem to be her lot. But we may surely hope that fuller understanding may lessen these, if psycho-analysis points the way. For the destiny of woman is not unsatisfied sense of loss and abnegation alone : there is from the beginning in her a potentiality of satisfied possession, even in childhood, of an enjoyment, not completely understood by men, in her girlhood and beauty, in the wifehood and motherhood that so enlarge her personality and in that part in men's lives and the world's work which only women can and do fulfil.

The last two lectures depart from the actual subject-matter of the science of psycho-analysis. In one Freud talks of the present position of psycho-analysis in the intellectual world, both lay and professional, and discusses the different varieties of opposition to it. In particular he points out the insidious danger of the attempts by half-hearted professed followers and others to undermine its principles by representing that there is little or nothing peculiar and essential in them, but that it can easily combine or merge with less obnoxious doctrines. The effect of course would be that psycho-analysis would rapidly cease to exist. Among many applications of psycho-analysis to the mental sciences, he discusses only education and the upbringing of children, and the contribution of analysis to them. In regard to the therapeutic analysis of children, he mentions only the work of Anna Freud, and the account he gives of it coincides with hers. ' The child does not yet possess a super-ego . . . transference plays a different part with the child, since its real parents are still there '. Any claim that psycho-analysis should adopt or support any particular social system he regards as unjustifiable, since these matters are outside the limits of its functions. Neither in their practice nor in any other field ought psycho-analysts ' to assume unwarranted responsibilities '. He devotes some pages to the therapeutic value of psycho-analysis. As a form of therapy it is one among many, *prima inter pares*, but only applicable to suitable cases. He points out, however, that analysis is not satisfactorily employed by the same practitioner along with other methods. ' The technique of analysis is difficult and exacting . . . as a rule it either possesses the doctor entirely or not at all '. Limitations are imposed on analytic results by the constitutional factor, which incidentally he stresses in many connections in this book as one we tend to underestimate, and by the nature of the disorder. Attempts to exclude narcissistic or psychotic cases as unsuitable for treatment are not easy, however, for such cases often reveal themselves only after analytic investigation is begun. An important practical point is that this difficulty arises also with candidates who apply for training in analysis. Finally he explains and justifies the length of analytic treatment; for the reasons he gives ' attempts to shorten it are in vain '.

Finally in the last lecture, in telling us what psycho-analysis is and what it is not, he gives us his own philosophy. Only two forms of science exist, natural science and the science of the human mind ; psycho-analysis is the latter and it is therefore science and nothing more. Religion and social systems spring from the same root as science, from the human need for unity, a unified conception of life ; but whereas they attempt to reach this goal by other means, science does so only by understanding. Its aim is the triumph over the terrors and hardships of life, neither by illusions nor by panaceas, but by means of reason and the recognition of truth alone.

It is his own philosophy—a hard one—and so far as any man could be, he has been faithful to it. For not dealing in illusions Freud has often been called a pessimist; but this book should forever refute that assertion, whatever the views it puts forward. In it he shews us himself. Not a trace of bitterness is in it, not a sign of sternness. He speaks with all his uncompromising inflexibility and his own inimitable dryness, yet in the happiest humour; a gracious kindliness, almost an affection for his hearers, is his mood. The thought of old hardships and enemies provokes but a tolerant smile of recognition, a truly scientific acquiescence in their limitations, and the same mood possesses him as he constantly avows how much there is still to learn in the work he initiated. 'What would one not give to understand these things better!' he says.

Psycho-analysis is a science and not a gospel—as he tells us. The originator of it has, to use his own words, 'set in operation a process which goes its own way and does not admit of prescribed direction'; and if that process has carried many workers beyond the halting-places that he has reached, he will not reproach them. The bond between him and his followers, that leads him still to give of all that he has, will hearten those who are still in the laboratory searching for truth. If their work is productive, rewards and punishments need not concern them, as they did not influence him. They share his philosophy of life and can agree to work faithfully for 'science to accept and to deal with whatever hypothesis may turn out to be correct'.

The translation is in parts excellent, and throughout satisfactory and pleasing.

Joan Riviere.

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Allgemeine Neurosenlehre auf psychoanalytischer Grundlage. By Hermann Nunberg. (Verlag Hans Huber, Bern-Berlin, 1932. Pp. 339.)

In undertaking to review the work of a scientist one is conscious of an obligation to treat with respect the fruit of many years of work; but at the same time the voice of criticism must not be entirely stifled.

In his work on the general theory of the neuroses Hermann Nunberg sets out to give a connected exposition of psycho-analytic points of view regarding neurotic diseases. The book has grown out of the lectures on its subject delivered by the author over a period of several years for the Training Committee of the Vienna Psycho-Analytical Society.

The material on which Nunberg's account is based is derived from the many case-histories collected by him in his practice; the psycho-analytical concepts are derived from Freud. Approaching his task in an earnest spirit the author does not shirk the labour of exact thinking and applies to the motley world of experience the strict rules of scientific thought. The keen blade of his dialectic mirrors in its polished surface the system of

psycho-analysis as conceived by Freud. Some seventy examples are interspersed in the text, confirming the reader's impression that the author is continually drawing on his own experience. The book is not easy reading and presupposes a thorough knowledge of the theory of the specific neuroses. ' But those who have a preference for scientific thinking and can appreciate the fine multiplicity of the psychic processes will value and eagerly study this work ' (preface by Freud).

The scheme of Nunberg's exposition is, briefly, as follows. In Chapters I and II he develops the theory of the unconscious; in Chapter III he gives a comprehensive account of the instinctual life; in Chapter IV he goes on to the psycho-analysis of the ego and the id. In the next two chapters he deals somewhat cursorily with the actual neuroses and anxiety. There follow the two main chapters: that on defence-processes (Chapter VII) and that on the morbid process (Chapter VIII). These are succeeded by a section on causation (Chapter IX) and one on the theoretical bases of psycho-analytic therapy (Chapter X).

Broadly speaking, the first three chapters follow the lines of Freud's *Introductory Lectures*, with the amplification of the subsequently formulated notions on the psychology of the ego. The last three chapters are evidently to some extent influenced by the structure of Bleuler's monograph on schizophrenia, e.g. in such headings to the chapters as ' The Morbid Process ', ' Causation ', ' Theoretical Bases '. Towards the end of the work, too, we recognize Bleuler's conception of primary and secondary symptoms. A suggestion made by Freud in the *Introductory Lectures* is not adopted. Freud says there: ' For an introduction to the study of the neuroses it would undoubtedly be correct to begin with the simple forms of actual neuroses and proceed from them to the more complicated psychical disorders resulting from disturbances of the libido '. But probably it is not easy for a writer to make the transition from somatic to psychic disturbances, for hitherto no one has bridged the gulf between the psychic and the physical.

The real excellence of Nunberg's work, however, lies not in its external structure but in its exceptionally fine detail, the fruit of many years of exact investigation. Every new psychological conclusion is indefatigably compared with the knowledge already acquired and is tested by reference to familiar clinical pictures. Freud's notions are expressed in a peculiarly pregnant and concise form and psycho-analytical dialectic is developed to its full extent.

Nunberg takes as his starting-point the theory of the unconscious, ' since ultimately the fact of a process being conscious or unconscious is the one light on the darkness of depth-psychology ' (Freud). It is true that the argument cannot be supported by dream-interpretation, for that would lead too far afield. This imparts a somewhat apodeictic character

to the book, which, however, is by no means to be regretted, for the matter so skilfully presented by Freud with all possible prudence and circumspection gains an additional value and force from a more authoritative form of exposition. The topographical-dynamic conception of the neuroses is linked directly to the theory of the unconscious.

Considerable space is devoted to the chapter on the instinctual life of neurotics, the writer's account being based strictly on the dualism of life and death instincts. ' The theory of the instincts is, as it were, our mythology ', says Freud in his *New Introductory Lectures*. ' The instincts are mythical beings, superb in their indefiniteness '.

The concept of the libido is treated with special care, although no detailed examination is attempted of its inner problems : on the one hand, it represents a *quantity* in the physicist's sense of the term, while, on the other, like organic beings, it is subject to development.

A fuller treatment of the two fundamental psycho-analytical concepts of repression and regression, as well as of their mutual relation, would have been welcome. In his *Introductory Lectures* Freud insists on the latter point. ' I think, however, I had better warn you now above all not to confound regression with repression. . . . Repression is a topographical-dynamic conception, while regression is a purely descriptive one '. It is true that an introduction to psycho-analysis is a more appropriate place for a discussion of these relations. On the other hand we should be glad of an account of transference, since the capacity for transference has its place in the symptomatology of the theory of the neuroses. To describe the phenomenon of transference as a form of ego-resistance scarcely exhausts the subject.

With the psychology of the ego Nunberg breaks new soil ; his exposition goes beyond the original *Introductory Lectures* by Freud, the recent sequel to which had not yet appeared. As we read, we realize how felicitous is the addition of this third main pillar in the edifice of psycho-analytical psychology, once the theory of the unconscious and that of instinct have become generally accredited.

I do not clearly understand Nunberg's treatment, in this section, of the concept of magic. It is a term with which we are familiar from ethnology, and our task should be to resolve and explain the concept psycho-analytically. But, when Nunberg begins the section in question with the words : ' Magic is practised not only by those suffering from mental disease ', he is assuming our familiarity with the concept itself. A short preliminary remark is not enough. Primitive man knows what magic is because he practises it. But in our Western civilization we no longer practise it and therefore are not familiar with it. However, Nunberg has a precedent in Ferenczi's use of the word, and in *Totem and Tabu* Freud engages in a detailed discussion of magic as a primitive type of action.

It is difficult to understand why the reaction-formations of disgust, shame and sense of guilt are introduced into the psychology of the ego, as it were ' on an equal footing '. It shews at any rate that there is still much work to be done in explaining these reactions.

I would rather not give an opinion whether the synthetic function belongs exclusively to the ego-institution, as Freud taught. Of the constructive activity of the mind we know very little at all ; it is veiled from us under the disguise of an ' open secret '. We are aware that we can recognize the structure of the mind only from the products of its disinte gration, and this leads us to conjecture that normality in the human mind implies an enormous synthetic expenditure which is not forthcoming in the neuroses.

Side by side with the three actual neuroses described by Freud, Nunberg places the phenomenon of depersonalization. The chapter is interpolated in a not altogether convincing manner and strengthens the impression that attention is focussed on the psychological field and not on the realm of somatic disturbances.

A whole chapter is devoted to anxiety. I think rightly so, for anxiety occupies a central position in the mental economy. Freud's most recent views on the subject were, of course, not yet at the author's disposal.

The concept of ' defence ' was one to which Freud returned in *Hemmung, Symptom, und Angst ;* he had already employed it in his writings of the 'nineties. It is a concept which promotes flexibility in our account of the ego-psychology. But I am not sure whether it is profitable to include such different phenomena as identification, projection, displacement, etc., under the general heading of ' defence-processes ' (Chapter VII).

The section on ' Symptom-Formation ' contains an excellent summary of the author's numerous observations. The characteristic symptoms of all the neuroses are enumerated and brought into relation with one another, the general principle underlying each individual case being carefully discussed. The chapter ends with a short summing-up.

In a section entitled ' Causation ', Nunberg once more states briefly his purpose in the whole book, namely, to inquire into the genesis of the neuroses. He emphasizes the fact that his object is not by any means to discover ' causes ' in the medical sense but to assist in the understanding of the genesis and course of a neurosis as an organic whole.

In the last chapter, that on the theoretical bases of psycho-analytic therapy, the author deduces some practical hints (on the subject of diffi- culties of treatment, the will to recovery, etc.) and the process of cure is traced to the synthetic function of the ego. ' At the end of an analysis which has been properly carried out, there takes place, automatically, a correction of the ego '. ' The energies of the id become more mobile, the

super-ego becomes more tolerant, the ego is more free from anxiety and regains its synthetic function '.

Surveying Nunberg's book as a whole, we note especially the consistent line of thought which runs through it: the inner connection between pathological states and normal conditions. We are reminded of Freud's classic work, in which from his ' libidinal types ' he works out the different varieties of normal human beings.

I am only too conscious of the defects of this review. But if it serves to stimulate any of those who read it ' to study with the utmost thoroughness the most complete and conscientious presentation of a psychoanalytical theory of the neurotic processes ' (Freud), it will have fulfilled its purpose.

Ph. Sarasin.

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Psycho-Analysis To-day : its Scope and Function. Edited by Sándor Lorand, M.D. (Covici, Friede, New York (George Allen & Unwin Ltd.), 1933. Pp. 370. Price 18*s*.)

This book contains the following essays :

Freud's Influence on Medicine. By Sándor Ferenczi.
Development of the Ego-Psychology. By Franz Alexander.
Dream Mechanisms and Interpretations. By Monroe A. Meyer.
The Theoretical Basis of Psycho-Analytic Therapy. By Hermann Nunberg.
Character Formation and Psycho-Analysis. By Sándor Lorand.
Development of Mental Hygiene. By Frankwood E. Williams.
Sexuality and its Rôle in the Neuroses. By A. A. Brill.
Child-Parent Relationship. By C. P. Oberndorf.
Understanding the Problem Child. By I. T. Broadwin.
The Early Development of Conscience in the Child. By Melanie Klein.
Prevention of Nervous and Mental Disease in Childhood. By Thaddeus H. Ames.
The Meaning of Neurosis and Psychosis. By Paul Schilder.
Pathological Character Formation : the Neurotic Character. By Edward Glover.
Hysterias and Phobias. By A. Kardiner.
Obsessional Neuroses. By Bertram D. Lewin.
Manic-Depressive Psychoses. By Gregory Zilboorg.
Schizophrenias. By R. Laforgue.
Paranoia. By Leland E. Hinsie.
Psycho-Analysis of Organic Psychoses. By J. H. W. van Ophuijsen.
Psycho-Therapy and Psycho-Analysis. By Henry Allen Bunker, Jr.

Psycho-Analysis and Internal Medicine. By Smith Ely Jelliffe.
Psycho-Analysis and Anthropology. By Géza Róheim.
Psycho-Analysis and the Psychology of Religion. By Ernest Jones.
Psycho-Analysis and Literature. By Fritz Wittels.
Psycho-Analysis and Criminology. By Paul Schilder.

It is impossible to review in detail a book containing such a wealth of material. It is certainly a book which every psycho-analyst should possess and study. The contributions by Mrs. Klein and Dr. Róheim are especially noteworthy, and we sadly welcome one of Ferenczi's last papers with which the book opens. It is a paper of exceptional interest and written in his most vigorous style. It brings his personality vividly before us, even in the small detail of its containing a characteristic *lapsus calami :* the founder of the International Psycho-Analytical Association gives the date of this event as 1908 instead of 1910.

E. J.

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Collected Papers. By Lieut.-Colonel Owen A. R. Berkeley-Hill, M.A., M.D.(Oxon.). (The Book Company Ltd., Calcutta, 1933. Pp. 308. Price 20*s*.)

We do not often have the opportunity of welcoming a psycho-analytical book written and published in India. It is true that only a few of the papers in it are strictly psycho-analytic studies, but the psycho-analytic point of view is evident in all of them. The book consists of twenty-one reprinted papers, five on Psycho-Analysis, twelve on Mental Hygiene, two on the relation of Psychology to Medicine, one on Sexual Hygiene and one on Neuro-Syphilis.

The first five papers are on the following subjects : (1) Some Modern Conceptions of Hysteria ; (2) The Anal-erotic Factor in the Religion, Philosophy and Character of Hindus ; (3) A Short Study of the Life and Character of Mohammed ; (4) The ' Colour Question ' from a Psycho-analytic Standpoint ; (5) Hindu-Muslim Unity.

Colonel Berkeley-Hill's vivid style lends interest to all the subjects he treats of, and what he has to say is constantly thought-provoking. His contributions to the difficult problem of Religion and Childhood are specially helpful. Many of the papers deal with racial and ' Colour ' problems, as one might expect from an author who has done so much to lead Europeans and Asiatics to a better understanding of one another.

E. J.

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A Hundred Years of Psychology, 1833–1933. By Professor J. C. Flugel. (Duckworth & Co. Ltd., London, 1933. Pp. 384. Price 15*s*.)

Professor Flugel, whose productivity is becoming astounding, undertakes

in this book the ambitious task of summarizing the development of psychology during the past hundred years. In doing so he naturally also paints his picture in light and shade, bringing into relief the events and personalities to which he himself would attach the most significance. To anticipate any disagreement with his perspective he cleverly starts the Preface with the modest remark: 'Such a book as this is almost inevitably bad; in the sense at least that what the reader will find will not correspond to what he hopes for or expects'. Professor Flugel's unusually wide learning and his catholicity of taste well equip him for this difficult undertaking, and it is certainly a book that will prove not only interesting reading but a most useful work of reference.

Professor Flugel has the interesting idea of constructing a chronological table of the major events in the history of psychology from 1807–1932. He notes the appearance of the *Studien über Hysterie* and *Die Traumdeutung* as among the important events of 1895 and 1900 respectively, but he does not mention—as one might have expected—the *Drei Abhandlungen* in the year 1905. It is interesting that the only great events in two of the years were, in Profesor Flugel's opinion, the publication of books by members of the British Psycho-Analytical Society: in 1925 Cyril Burt's *Young Delinquent* and in 1930 Mrs. Isaacs' *Intellectual Growth in Young Children*.

We are concerned here, however, only with the section on Psycho-Analysis. There is one chapter on this subject, followed by one on 'Adler, Jung, and "Type" Psychology'. As one would expect from Professor Flugel's grasp of the subject, and from his previous successful experiences in expounding it, the description of psycho-analysis and its development leaves little to be desired. In Professor Flugel's opinion, which is probably right, time will prove the contribution of psycho-analysis to psychology and sociology to be much more important than its contributions in the medical field. He brings out well the two phases in the development of the subject, the first being the investigation of the repressed forces, the second that of the repressing forces, and he shews what light our present knowledge of the super-ego is throwing on the general problems of civilization.

I find nothing to criticize in this exposition, but there are a few minor errors which need to be mentioned. The chief of them is rather extraordinary, where he says that 'in its origin psycho-analysis itself developed from this latter source' (i.e. French studies in psycho-pathology). This error has been pilloried so often—in my essay on Janet, for example, I pointed out that not one idea or point of view in psycho-analysis has a French origin—that it is curious to find a historian like Professor Flugel repeating it. To do so he has to shift Freud's acquaintance with Breuer's work, which Freud vainly tried to introduce to Charcot's attention, to a period post-dating Freud's visit to France. Nor is it correct to say that Freud's

views generally ' have been more influenced by the great pessimist philosophers, Schopenhauer and von Hartmann '. This odd notion seems to have been entirely invented by Wittels. A slip of less moment is that the date of the Freud-Jung lectures in America is given as 1912 instead of 1909; 1912 was the date of Jung's second visit to America when he separated from Freud.

Professor Flugel remarks that ' a new field has been opened in quite recent years by the extension (with a few modifications) of the analytic method to young children '. Surely here he might have mentioned the name of Melanie Klein. Her name does not appear in the book or index, though there is a reference to her in the bibliography.

In estimating the importance of psycho-analysis in the development of psychology, Professor Flugel is lavish in his encomiums. He also has the highest words to speak of Freud himself. ' There can be no doubt that Freud is one of the most remarkable figures in the whole history of psychology '. He measures him with Wundt and other figures and does not conceal his opinion that Freud surpasses them. He admits that Freud's methods lend themselves less than those of the experimental psychologists to accurate measurement, but—and here Professor Flugel evidently intended to write ' but his conclusions are far more momentous; ' the passage in Flugelese, however, runs, ' but his conclusions seem to be, in some respects, far more momentous '.

E. J.

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Towards Mental Health. The Schizophrenia Problem. By Charles Macfie Campbell, M.D. (Harvard University Press, Cambridge, Mass., 1933. Pp. 110. Price $1·25.)

This book publishes the 1932 Adolph Gehrmann lectures in hygiene at the University of Illinois College of Medicine. Dr. Campbell brings to his problem not only an extensive clinical experience, but also great facility in presenting succinct conceptions. The book includes brief outlines of some forty-three cases of individuals suffering schizophrenic disorders. The material is not intended so much to deal with schizophrenia as to use schizophrenic phenomena to point the author's formulation of mental hygiene and good living.

The first chapter, ' The General Field and the Special Territory ', first indicates the difference between the hygiene of impersonal factors and mental hygiene with its consideration of the personality and social situation. Mental disorder is considered as human nature working under difficulties and the schizophrenic territory is recognized as the particularly promising section for teaching purposes. The adoptive value of schizophrenic behaviour and ideas completes this lecture—with all due courtesy

to medical prejudices in favour of ' the point of view of internal medicine, of impersonal medicine, medicine of the laboratory categories ' for ' one has not *so far* been able to formulate disease process as the key to unlock the secrets of this group '.

Chapter II, entitled ' The Harmonizing of Conflicting Trends, the Achievement of Independence, the Attaining of a Conviction of Personal Value ', gives in its title Dr. Campbell's thesis as to the formulation of personality problems. Sexual factors are regarded as one of the topics in the adaptation of the individual that insistently recurs ; eighteen cases are presented to illustrate the fate of repressed sexual factors. The craving for an independent personality is illustrated by six cases, and the longing for personal value is demonstrated by eleven.

The third chapter, ' Heredity and Environment ', remarks ' the seed may be of very great importance, but the soil upon which it is cast and from which it draws its nourishment has an important influence on the crop . . . ' The complex measures required in mental hygiene, the attitude of the cultural environment toward sex (including two case reports), the influence of the parents on the independence and the psycho-sexual development of the child, the feeling of personal value, and a section on philosophic and religious belief as an aid to adaptation make up this section. The whole subject revolves around the child-guidance movement which Dr. Campbell recognizes to be largely a parent-guidance movement ; but all the work appears to be on the conscious level and there is no reference to the unconscious of the child nor does the name of Freud occur once in the whole book.

This book should prove useful to medical men and others who feel that psychiatry, psycho-analysis, and mental hygiene are unprofessional, mystical, and the like. While it contains no surprising novelty (even threatens some confusion in its use of the term *cultural* when *social* is intended), and will offend in some of its formulations of cases by what may well be considered naïve superficiality ; it seems to the reviewer more nearly the right thing as an introduction to psychiatry than any other book that has come to his attention.

Harry Stack Sullivan.

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The Organism of the Mind—an Introduction to Analytical Psychotherapy. By Gustav Richard Heyer, M.D. Translated by Eden and Cedar Paul. (Kegan Paul, Trench, Trubner & Co., 1933. Pp. 288. Price 15*s.* net.)

This book is based on lectures given presumably to medical students or young doctors. Its author is a follower of Jung. He does not try to cover the whole field of psychotherapy, but deals shortly, and mainly for the sake of illustration with what he calls ' organ neuroses ' and then discusses the principles underlying various methods of treatment.

A short account is given of the methods of Coué, Dubois and others, but more space is devoted to Freud, Adler and Jung, all of whom are apparently classed as ' psycho-analysts '. Freud with his ' reductive ' method of ' sexual ' analysis analyses the depth of the mind and Adler the breadth, while Jung transcends both.

In so far as the book consists in criticism of Freud—and, though the author professes to be, and no doubt is, a great admirer of Freud, a large part of it is devoted to shewing how wrong he is in essentials—the main point of attack is his attitude towards symbolism. Freud, indeed, discovered the importance of unconscious symbolism but then went on to misunderstand it hopelessly. He is like an ignorant Catholic peasant who misunderstands the Sacrament of the Mass, who thinks that bread and wine really do turn into flesh and blood, whereas the priest knows that this is only true in a ' spiritual ' sense. It is perhaps fair to say that Jung is like a priest, but is Freud really like a peasant ? He says, surely, not that bread is flesh, but that bread is bread and that wine is wine, and when a patient draws a picture of, say, a penis (cf. p. 254), it is likely to be a penis that he is concerned with rather than ' a growing inner world '. Here is one of the weaknesses of the Jung school in general and of Dr. Heyer in particular. They are so impressed with the importance of symbols that they omit to ask whence their importance is derived.

The exposition of Jung's theories seems correct so far as the present reviewer can judge, but the extent of the author's understanding of Freud may be judged from two quotations : ' For [Freud] the unconscious is not nature but garbage, filth, wicked, evil ' (p. 185), and again ' For Freud " the Hero is nothing but a sexual neurotic suffering from repression " ' (p. 209). It is implied by inverted commas that the main part of this second quotation is itself a quotation from Freud, but no reference is given to assist verification.

An original conception of the author's own should perhaps be mentioned. Man passes through four ' vital cycles ' or ' realms ' : the vegetative cycle of nutrition (the most primitive men ' think in their bellies '), the passionate cycle of the blood, the pneumatic cycle and the cerebral cycle. What exactly these cycles or realms are is not clear, for the author's ' bellies ' have little to do with real ' bellies ' or his ' blood ' with real blood. He chooses his formulæ avowedly because they are ' magic ', since by this means he hopes to be more persuasive as ' deep calls to deep ' and unconscious to unconscious. We Europeans, however, are now in the act of realizing the third realm—that of the ' pneumatic man '—while ' The man of the fourth realm, the man of the pentecostal miracle, has not yet been born in one nation.'

Adrian Stephen.

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Modern Man in Search of a Soul. By C. G. Jung. (Harcourt, Brace & Co., New York, 1933. Pp. 282. Price $3·00.)

This book is a collection of eleven essays all of which with one exception (Chapter VI) were delivered originally as lectures. Since the subject-matter covers a wide range of topics, it is simplest to consider the various parts separately.

The first six chapters treat of the Jungian attitude towards analytic therapy and practically no material which has not been published elsewhere at greater length is presented here.

Chapter I discussing ' Dream Analysis and Its Practical Application ' presents the author's use of initial dreams in prognosis and his general approach to psychotherapy. There is little that one can disagree with here. One is impressed chiefly with the limited attitude of approach.

In Chapter II, ' Problems of Modern Psychotherapy ', we learn in condensed form the Jungian ' analytic ' method. Analysis here is divided into four parts—(1) confession, (2) explanation, (3) unwitting education because of the personality of the doctor, and (4) transformation, which seems to be the result of the interaction of the personalities of doctor and patient. Here religiosity and a mystical spirit begin to appear, e.g. the cure is effected by transmitting the disease to the analyst. Here also we begin to learn of Freudian ' filth '. This word is frequently coupled with Freud's theories in subsequent chapters.

In Chapter III, ' Aims of Psychotherapy ', we see that Jung believes his type of therapy especially suited to people of middle life. At that age, he believes the problem is not so much one of adjusting to society as working out one's own personality. Why this is not related to adjusting to society is not clear.

Chapter IV, ' A Psychological Theory of Types ', is a very brief summary of his larger work on the subject.

Chapter V, ' The Stages of Life ', impresses one because of the fact that Jung considers the first stage of life, childhood, of no psychic importance. He believes that all problems of importance in psychopathology occur between puberty and old age. Such an attitude hardly requires critical comment in this JOURNAL.

In Chapter VI, ' Freud and Jung—Contrasts ', we learn that Freud understands only men of his own type and that he fails to understand religious experience. Jung, on the other hand, believes that only spirituality can free one from incest. One gathers that it is the ' filth ' of Freud's outlook which is to be contrasted with the spirituality of Jung.

Chapters VII to XI deal with subjects less closely connected with therapy, and as the book progresses it becomes progressively more ' religious ' until it ends in a true appeal to turn to religion for healing in the last chapter, ' Psychotherapists or the Clergy '.

Chapter VII, ' Archaic Man ', presents nothing new in its concepts. Chapter VIII, ' Psychology and Literature ', expresses the amazing idea that an artist's life does not of necessity have any influence on his work. Chapter IX, ' Basic Postulates of Analytical Psychology ', begins to shew a decided predominance of mystical thinking. Such expressions as that the psyche rises from a spiritual principle, that the racial unconscious equals the soul, that there is a conflict of nature and mind characterize it.

Chapter X, ' The Spiritual Problem of Modern Man ', increases the ' religious ' vein. We are told that Freud who tried to remove the ' dirt, darkness and evil ' of the unconscious ' has even brought about the very evil he wished to prevent ' ; i.e. ' an admiration for all this filth '. Later he speaks of the ' secret and noisome things of the inner life '. Strange words from a *medical* healer ! The turning to religion as the cure of human difficulties begins to be marked. The religions of the East seem to be his hope for humanity.

Chapter XI shews the religious trend most forcibly and is practically a plea to turn to religion. He refers to Freud's theories as ' hostile to religious values '. He believes that loss of religious faith is an important cause of neurotic illness, especially in middle life. One is exhorted to seek spiritual help to fight the unconscious.

The above résumé of this book is in itself a criticism. If one is to begin with the idea that Freud's contributions to human understanding are studies of the ' filth ' of human nature, a flight into religion seems the inevitable result, and one cannot hope for and does not find any profound human insight proceeding from such a premise. Nothing of importance in therapy or theory can be learned from this book.

Clara Thompson.

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The Dynamics of Therapy in a Controlled Relationship. By Jessie Taft, A.B., Ph.B., Ph.D. (The Macmillan Company, New York, 1933. Pp. 296. Price $2·50.)

Miss Taft, a psychologist who is Supervisor of the Foster Home Department of the Children's Aid Society of Pennsylvania, describes in detail what occurred during interviews with two children. She gives, in addition to the verbatim material of the interviews, her own interpretations and the theoretical implications. The book opens with a consideration of the ' time element ' in therapy and closes with a short discussion of the forces that make for therapy, but the major portion consists of case material. One is grateful for the preponderance of direct production from the patients, for the clarity with which the therapist's own reactions are described, and for the absence of abstractions. Her infrequent personal comments are found as brief footnotes and her interpretations are grouped in separate sections.

Any serious attempt at an evaluation of therapy should be welcomed whether one agrees or disagrees with the concepts. This is such an attempt by a pioneer in the much-discussed application of psychiatric approaches to social work. In comparison with her earlier work, the present book shows evidence of a great advance in the development of technique. Miss Taft writes from a Rankian viewpoint and disclaims that she wishes to prove theories but is desirous of presenting her conception of therapy. She is not ' advocating analysis of children or any other form of direct treatment for their behavior and personality problems ' but ' has satisfied my own doubts as to the possibility of setting up the therapeutic relationship with a child without detriment to him, regardless of its effectiveness or desirability as a method for solving environmental problems'.

In the foreword she states, ' it seems necessary to use some name to designate a philosophy and a technique which have little in common with psycho-analysis as generally understood '. She designates it as ' relationship therapy ' and repeatedly compares her procedure to the methods of Anna Freud and Melanie Klein, claiming the main point of the Rankian approach is to provide a new experience in the present which, if deep and significant, results in the constructive taking over of will by the child. She implies that the other methods do not offer the opportunity for a new experience, for meeting resistances frankly, because they take cognizance of earlier traumas, of the Œdipus and castration complexes, because they force out past sexual material and ' disguise the present realities under a veil of intellectual interpretation of the past '.

Elisabeth G. Brockett.

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A New Physiological Psychology. By W. Burridge, D.M., M.A. (With a Foreword by Sir Leonard Hill, M.B., LL.D., F.R.S.) (Edward Arnold & Co., London, 1933. Pp. 158. Price *7s. 6d.*)

The originality of the author's physiological work suggests that he might have interesting ideas to offer for new approaches, which might ultimately throw some light on the connection between physiology and psychology. It is certain, however, that in this book his enthusiasm for what he considers revolutionary discoveries has led him to draw unjustifiable and illogical conclusions from very debatable and unconfirmed premises.

Certain experimental observations have brought the author to the conclusion that central neurones are rhythmical structures which possess two sources of energy. This hypothesis forms the sole basis for a highly complicated geometric psychology. The author approaches Freudian psychology only in relation to his dualistic premises. He arbitrarily

identifies his two sources of energy with the pleasure-pain and reality principles, and appears to consider that Freud's sole claim to fame lies in their discovery. The author, moreover, has misunderstood Freud even in this respect, for he accuses him of calling these principles antagonistic, rather than synergic. This is hard to understand in view of Freud's explicit statement to the contrary.

Elizabeth Rosenberg.

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Mental Defect. By Lionel S. Penrose, M.A., M.D. (Sidgwick and Jackson Ltd., London, 1933. Pp. 183. Price 8*s.* 6*d.*)

Mental deficiency, that step-child of psychiatry, has collected around itself a correspondingly unhappy literature, one characterized by vagueness, superficiality and superstitious beliefs. At last we have a book on the subject written on truly scientific lines, and Dr. Penrose is to be warmly congratulated on the success with which he has fulfilled his aims.

The first seven chapters deal with methods of investigation, of which the description of the rigorous mathematical analysis of pedigree work occupies perhaps the most outstanding chapter in the book. Then follow seven chapters on classification and description of various types, that on Mongolism being especially vivid. Epilepsy, dementia præcox, perversion and criminality are also dealt with. In the chapter on treatment, Dr. Penrose deals trenchantly with the supposed panacea of sterilization and does not hesitate to hint at the subjective attitude that so often enters into popular opinions on the subject. The book is well illustrated by photographs, and charts. It will easily leap into the first place as a standard text-book on the subject.

E. J.

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The New Psychology and Religious Experience. By Thomas Hywel Hughes, M.A., D.Litt., D.D. (George Allen & Unwin Ltd., London, 1933. Pp. 332. Price 10*s.* 6*d.*)

This book, or rather the course of lectures on which it is based, is the author's reaction to what he calls the ' serious menace ' which the New Psychology holds for religion. By the New Psychology, he understands (1) Behaviourism, and (2) Psycho-analysis ' represented mainly by Freud, Jung, and their disciples '. After Freud and Jung, the most important representatives of this school would appear to be Adler, Tansley, and Beatrice Hinkle. There is fortunately also ' the saner school of psychology ', which includes McDougall and Drever, while Dr. William Brown, although practising psycho-analysis, appears to be mostly on the side of the angels.

Psycho-analysis, it seems, is the method evolved by Freud and Breuer for their own use in the treatment of neurotic patients (p. 53). It seeks by experiments, by word association, and most of all by an examination of dreams (the words ' free association ' do not appear in the book), to explore the recesses of what analysts call the unconscious mind, the methods used, ' at any rate in the experiments ', being largely the same as those of the Behaviourists (p. 19). Psycho-analysts ' persuade the patient, by suggestion and other means, to transfer the current of emotion that is causing the trouble from the object or person around which the complex was formed, and to concentrate it on the physician or some other legitimate object or person ' (pp. 239–240). This has its uses, and the same thing happens in many cases of conversion, the person turning away from self and from his own conflict, and transferring thought and feeling to God or to Jesus Christ (p. 240). All psycho-analysts urge their patients to sublimate (p. 186), and ' in many instances the Freudians advise their patients to indulge in what is *nothing less* [1] than sexual freedom as a cure for some of the repressed complexes that tend to bring about neurotic disturbances ' (p. 302). This, we suppose, is somehow to be correlated with the circumstance that while sex love, *after all*,[1] is capable of the noblest, etc., etc., and can lift the soul to heaven, etc., etc., it may also ' trail man in the dust and make him wallow in the mire, and probably it is this aspect of it that has appealed mainly to the Psycho-analysts ' (p. 126). We are told (p. 25) that the priests of the Roman Catholic Church ' have used some of the very methods employed by the Psycho-analysts ', but whether the one last referred to is among them is not stated.

Those analysts who have not read their Barbour and their Boyd Barrett may not find it easy to assimilate the new knowledge. To continue : ' Dreams are all due to repressed sexual wishes ' (p. 122). Freud's view of infantile sexuality has not been proved, the weight of opinion in Psychology is against it, almost all Psychologists, including ' even ' Jung, who are not obsessed by his sexual theory refuse to follow him here (pp. 55–56, 83). Freud treats it as if it were proved beyond any doubt, this no doubt being due to Freud's habit of treating his theories as if they were established facts, a habit which Woodworth was good enough to point out (p. 83). The Unconscious is a kind of devil's cauldron, exhaling evil vapours and pouring forth evil powers (p. 301). Psychologists as a whole have looked with something of suspicion on the whole idea, and rightly so (p. 62). Freud's treatment of the facts of Christianity (a subject which, apart from Totem and Taboo where he is dealing more or less with religious subjects, he seems studiously to avoid, there being no reference whatever to it in the Interpretation of Dreams, Psychopathology of Daily (sic) Life,

[1] Reviewer's italics.

or Beyond the Pleasure Principle) is ' fantastic and grotesque ' (pp. 298–300). So, in fairness to the author, is Jung's (p. 321). The principles of psycho-analysis are based on the study of a few abnormal cases, and cannot be applied to the normal (pp. 53, 82–83). The sense of guilt is incompatible with psychic determinism (p. 181).

These are but some of the more obvious misconceptions to be found in the book. The responsibility evidently lies with Freud, whose ' views *develop*[1] and change so much that it is one of the most difficult tasks, in connection with his teaching, to understand what exactly his views are ' (p. 117).

After this, it is unnecessary in this JOURNAL to enter into any detailed consideration of the author's arguments. He is mainly concerned to establish the ' validity ' of religious experience and the reality of God, whose existence is supposed to be denied by the New Psychology in general, and by Freud in particular. The Future of an Illusion, astonishingly enough, is not once mentioned in text or bibliography, and the author can thus ignore Freud's simple statement concerning religious doctrines: ' Of the reality value of most of them we cannot judge; just as they cannot be proved, neither can they be refuted '. But, we suspect, the author could not rest content with this position.

Throughout the book we find a convenient looseness of terminology side by side with a disregard of logic which only our knowledge of the extensive influence exercised by unconscious factors in distorting reality judgements makes it possible to credit. The author's conclusions are drawn from facts which do not support them, from alleged facts which do not exist, and from his own unsupported statements; and are buttressed by the conclusions (arrived at by similar means) of others. Indeed, the book is heavily weighted with quotations from the works of psychologists, moralists, theologians, philosophers, and physicists, the acceptance or rejection of whose views would appear to depend mainly on whether or not they ' leave room for religion '; if they do, they are as often as not treated as authoritative.

The bibliography does not mention Reik, Róheim, or Ernest Jones' contributions to the psychology of religion, but does contain a reference to an unknown work by Freud called ' Psychopathology for Everyday Life '. Probably a vade mecum for busy analysts.

H. Mayor.

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Sexual Regulations and Human Behaviour. By J. D. Unwin. (Williams & Norgate Ltd., London, 1933. Pp xv + 108. Price 7*s.* 6*d.* net.)

Those who are easily intimidated by the sheer weight of statistical

[1] Reviewer's italics.

enumeration will at once succumb to the thesis of this book—that in human society there is a positive correlation between the degree of sexual restraint and the height of culture. The critical reader may indeed observe that the conclusion is somewhat wider than the premise. Dr. Unwin measures the degree of sexual restraint in any society by the pre-nuptial chastity of its *marriageable* girls (p. 8), and he selects as the main characteristic of a high culture the presence of temples for the worship of the gods (p. 1). Thus the actual, as opposed to the inferential, result of his statistical research would seem to be that men are religious in those societies in which their unmarried daughters are either prostitutes or chaste.

Dr. Unwin bridges the gap between this premise and his conclusion by assuming some degree of chastity in women to be symptomatic of chastity in general and temple building, priestcraft, etc., to be an expression of cultural energy. Those of us who believe that there can be no sublimation without repression will, at least partially, concede his point. But excessive repression tends to overflow and inhibit the sublimations it has itself produced. Therefore we might expect culture to rise with sexual restraint to a certain optimum and then to fall again. Perhaps Dr. Unwin will compile some more statistics in his next book to prove whether or not this expectation is correct.

Although Dr. Unwin's objectivity seems irreproachable, I suspect him of a desire to find a utilitarian basis for orthodox morality. If so, his statistical argument seems likely to be double-edged. Had he included a column for bellicosity in his tables he might have been led to the conclusion that sadism, as well as culture, is a correlate of purity. The Aztecs come high in the scale of those who built temples and were chaste (p. 21) ; but they also hold the record for the number of victims they offered at their altars. Indeed, such a result might have been anticipated by anyone who believes that frustration gives rise to, or at least increases, aggressiveness.

It is perhaps too much to expect complete objectivity from any writer who seeks either to reinforce or to undermine the utilitarian basis of morality. But we can be grateful to Dr. Unwin for having presented his side of the case with an admirable tolerance. Moreover, by applying statistics to sociology, he has elaborated a new method of research—a method which may seem crude to those who are accustomed to follow the development of the impulses of individuals in great detail, but which may yet prove to have a useful field. For, as Dr. Unwin observes, physics is an exact science even though the behaviour of individual particles s unpredictable and disregarded.

Roger Money-Kyrle.

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Le mythe du héros et la mentalité primitive (Bibliothèque de philosophie contemporaire). By Henri Brocher. (Félix Alcan, Paris, 1932. Pp. 124.)

The author writes briefly but with no false modesty. He dismisses the mythological theories of ' naturalism ' (the interpretation of myths in relation to natural phenomena) and that of psycho-analysis which, he says, is now losing its adherents, since the mechanism of repression and the Œdipus complex demonstrably occur in morbid mental states only. Following Levy-Brühl and other ethnologists he goes on to an exposition of the ideas on which the myth of the hero is based : (*a*) ' *compensation* ', ' according to primitive beliefs a kind of general law of the universe, to which all living beings are subject ' ; it has its origin in ' the direct contact of man with his environment ' and what it amounts to is that ' every happiness, every advantage . . . must be paid for with toil, sacrifice and suffering ' ; (*b*) *retribution*, a special form of compensation, originating in the mutual contact of human beings and, as far as I can see, identical with the law of talion. Both these ideas are applicable to the individual as a member of the clan, so that the destiny of each human being is bound up with that of the group or of another member of the group. The humiliation of the youthful hero (possibly by his exposure in infancy) is the necessary preliminary to his future success, and the parricide and incest of Œdipus are the tragic expiation of his kingship.

E. Kris (Vienna).

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Die symbolische Darstellung in der frühen Kindheit. Erster Beitrag zur psychologischen Bestimmung der Schulreife. Hildegard Hetzer (Wiener Arbeiten zur pädagogischen Psychologie, Herausgegeben von Ch. Bühler u. V. Fadrus, Heft III, Wien, Deutscher Verlag für Jugend und Volk, 1926. Pp. 90.)

In the light of Bühler's theories the author examines the development of the function of representation in children. She differentiates four main modes of representation, illustrating her remarks from observation : (*a*) representation in behaviour, (*b*) building, (*c*) drawing, (*d*) the arbitrary arrangement of figures, and examines the successive genetic phases of these up to the sixth year of life. She is chiefly concerned with the last—the symbolic—mode of representation, because, when this has been mastered, the child is ready for school. Eighty per cent. of the three-year-olds with whom she experimented, apart from being able to speak (in speech representation is practised in giving names to objects, thus already in the first year), were capable of representing ideas by the arrangement at will of different characters. In the author's view, however, reading and writing should not generally be taught until the child is

six years old ; at that age the necessary effort of memory and attention can be made without too great a strain.

K. Eissler (Vienna).

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Die psychologische Situation bei Lohn und Strafe. By Kurt Lewin. (S. Hirzel Verlag, Leipzig, 1931.)

The author analyses the peculiar psychological characteristics of the reward-punishment situation. He envisages reward and punishment as educational measures adopted for the purpose of inducing children to behave in a particular way. The activities of a child acting under such inducement contrast with the spontaneous behaviour which results from his own interest in things.

Lewin holds that, in order to understand the workings of an intervention from without or of a piece of actual behaviour, it is essential that the particular process be viewed as a part of the total, concrete situation of the moment. ' To form a mental conception of what actually takes place it is always necessary to relate the subject, with his peculiar characteristics, to the elements which make up the situation at the time. In work and in play, in self-expression, in behaviour, in affect—everywhere the actual process is partly determined by the structure of his environment at the time ' (p. 5). Hence the fundamental importance of a scientific account of the psychological environment. The method selected by Lewin as most appropriate is an exact topological presentation of the whole structure of the situation. Topology is a young, mathematical science, a non-metrical, qualitative theory of connections, very general in its nature. The fact that it is concerned with the exact definition of concepts such as ' connected ', ' separated ', ' boundary ', ' between ', etc., makes it peculiarly applicable to psychological problems.

In the case of a child who does something (e.g. plays with a doll) because he is interested, the structure of the situation is comparatively simple. In Lewin's terminology it is characterized by its dependence on a positive incitement. If the child encounters difficulties in engaging in the play which attracts him, he is at first deterred from his goal but soon tries to reach it in roundabout ways. The situation is different when his activity is not spontaneous but is forced upon him under threat of punishment. In general, activities not spontaneously chosen by children depend on a negative incitement and the tendency is to avoid them. If an attempt is made to overcome his reluctance by the threat of punishment, he finds himself in a dilemma between two negative incitements : that of the disagreeable task and that of punishment. The result is a conflict-situation. A conflict arises, says Lewin, when two opposing but equally strong forces are brought to bear simultaneously upon the subject. This

is the situation produced by the threat of punishment. The child will then attempt to ' beat a retreat ', avoiding both the task and the punishment. The simplest way is to withdraw physically—to run away and hide. If those who are training him intend to prevent this, they must not only threaten him but take measures which make it impossible for him to ' beat a retreat ' ; they must cut off his flight in some way, perhaps by shutting him up. As a rule, however, the barrier which holds him back is of a sociological nature : ' The barriers which surround a child are the powerful weapons which the adult possesses in his position of authority and the inner relation between him and the child. Such a social barrier is no less real than a physical one '. Lewin rightly says that these barriers, with their restriction on the child's freedom, are always here, for the free play of his activities in life has its inherent limitations : ' The domination of individual adults and, still more, of those adult organizations which govern social life is irresistible and is bound to have a narrowly circumscribing effect on the free play of children's activities '. Thus, even when a child sets about a disagreeable task voluntarily (i.e. under no threat of punishment and unrestrained by barriers), he is often really acting under compulsion. Apart from those cases in which the motive is love for an adult we may be sure that he is influenced by a tacit threat. The field of his activities has been so circumscribed by the power and threats of adults that he has no liberty of action. In such a case there is no need of definite threats of punishment to make him docile.

Having discussed the general topological features and the forces which are marshalled in the punishment-situation, Lewin goes on to consider the different ways in which children may react to it. They may, in the first place, do what they are told, because they will be punished if they do not. It sometimes happens that, as soon as a child sets himself to perform a task, the situation changes and he becomes reconciled to that which he previously detested. Or he may, instead, submit to be punished. But this plan often fails to set him free, for the grown-up person may still insist on his doing what he had refused to do. The punishment-situation may result in a battle with the adult : by the threat of punishment a situation is produced in which child and adult confront one another as enemies. The former may effect a retreat not merely by breaking through the restraining forces : he may take refuge in isolating himself or in defiance. Finally, under the pressure of threats, he may take flight into unreality (day-dreams) or there may be an explosion of affect. ' If the opposing forces in the conflict-situation are very strong . . . the tension may result in a diffuse discharge of feeling, i.e. an explosion of affect '.

A comparison of the punishment-threat situation with that which arises when the prospect of a reward is held out to a child in order to induce him to do something disagreeable reveals structural likenesses and

differences. Once more he is confronted with a negative incitement to perform a task. His elders are attempting to override the negative with a positive incitement, i.e. the promise of a reward. Once more he is in a situation of conflict: two almost equally strong opposing forces are being brought to bear on him. As before, there is an absence of 'natural teleology'—the spontaneous attraction of the goal, characteristic of the situation in which the motive force is his own interest. In the reward-situation, again, barriers have to be erected to ensure that the reward shall be secured only when the task has been performed. Otherwise, the child will try to reach the tempting goal, e.g. something nice to eat, without doing what is required of him. The difference between this situation and that of punishment lies in the fact that, on the whole, his freedom of action is not restricted by the promise of a reward. There is not that element of compulsion which we noted in the other case.

In conclusion Lewin raises a question of importance for educationists: how can children be induced to behave as we wish without rewards or punishments? The answer is: through the awaking of their interest, the arousing of an inclination. 'There are many ways of awaking a child's interest in a subject or an activity which has, so far, no interest for him. For instance, the task may be presented first of all in some other context, or other similar devices may be used. Often the interest in a subject depends on the personality of the teacher'.

Space does not admit of a discussion of the important problems of method suggested by this work.

G. Gerö (Berlin).

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Case Studies in the Psychopathology of Crime, Vol. I. By Ben Karpman, M.D. (The Mimeoform Press, Washington, 1933. Pp. i, 1026, 14 Charts. Price $12·00.)

In this book Dr. Karpman has collected the life histories of five criminals. He uses their autobiographical material as an important basis of his study of the causation of crime and the personality of the criminal. This the author has supplemented with information from social agencies and from fellow inmates of the criminals. His mode of approach and admirable patience enabled him to make excellent clinical observations. The author admits that the histories probably contain much fantasy and sound like romantic fiction. Nevertheless, these very fabrications help us to understand the psychogenesis of crime.

From these studies the author tries to make it evident that the established attitude of present-day law is 'persecution' rather than a 'protection' of the criminal, and that an attitude of understanding and co-operation should replace the punishment of and

vengeance against the criminal if a proper social readjustment is to be effected on his part.

The emotional involvement of the criminal cannot be disregarded and the psychogenic factors as well as the possible constitutional and physical elements have to be considered. The infantile environment, the influence of the father and mother by way of identification, are emphasized. The reactive attitude of the child towards his parents and the rôle which such an attitude plays in antagonistic criminal behaviour toward society is given an analytic interpretation. In all these case histories we see the importance of sexual maladjustment, of perversions, and their final contribution to criminal behaviour.

Having read this extensive study, one cannot escape the final impression that neurosis and criminal action are confluent and that that which in childhood constituted a character difficulty may in later life result in punishable conduct deviations. The author considers the formative influences of early fears, punishment, parents' unstable attitude towards their children as the basis for later difficulties. Such careful research work can serve as a valuable reference book to the psychiatrist interested especially in criminology.

Sándor Lorand.

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Social Anthropology. By Paul Radin. (McGraw Hill Book Company, New York and London, 1933. Pp. xii + 432. Price 21s.)

If the author's aim in writing this book was to give the lay reader some ideas of primitive life and ways, he has succeeded in his task. The author, who is himself one of the best American field anthropologists, writes mainly from a sociological point of view and on the ' organization of the state ', ' the organization of law and custom '; ' the organization of economic and industrial life ', while the last two chapters deal with religion and mythology. If I say that he writes from a sociological point of view, I mean to say that he is interested in questions of organization, but not that he explains anything even sociologically. Indeed, modern anthropology, if it is not either historical or psycho-analytical, does not seem to regard explanation as necessary. Failure is exalted as a virtue and to give no explanation is the climax of good scientific method. It is a pity that this should be so, as the author, if he had some personal acquaintance with psycho-analysis, would undoubtedly be among those who could lay down the foundations of the anthropology of the future. His views on theoretical questions are contained in the introduction (The History of Ethnological Theories). He is decidedly anti-evolutionistic and has a certain scorn for the ' time-honoured heirloom of evolutionism ' (p. 12). His attitude towards psycho-analysis is ambivalent, for on the one hand it is ' evident that the concepts

with which Freudians work, play as great a rôle among primitive people as amongst us ' (p. 16), on the other hand, he, we wonder on what authority, thinks that the psycho-analytic interpretation of dream symbolism is still in an inchoate condition ' (p. 15). For him psycho-analysis means Freud, Adler and Jung, and it is the two latter ' psycho-analysts ' who are nearer to his heart. Jung is the synthesis of Freud, and Adler is therefore likely to have the most profound influence upon ethnology.

Géza Róheim.

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Functional Affinities of Man, Monkeys, and Apes. By S. Zuckerman, M.A., D.Sc., M.R.C.S. (London: Kegan Paul, Trench, Trubner & Co. Ltd., 1933. Pp. x + 203. Price 10*s.* 6*d.* net.)

Although Dr. Zuckerman's new book is of less immediate interest to psychologists than his *Social Life of Monkeys and Apes*, it nevertheless adds an important contribution to the data required by all who are interested in the phylogeny of human impulses. Thus, for example, it is of psychological significance to learn that our ancestors seem to have had no rutting season since the eocene period (30 to 50 million years ago) at least; for uninterrupted breeding is characteristic of both the new and old-world primates, which were already distinct at this time. Indeed, the fact that, of all the primates, a breeding season exists only among the Mascarine and probably the African lemurs suggests that ' this peculiarity of the Lemuroidea may be regarded as a specialization away from the basal breeding habit of the primate stock ' (pp. 163–164).

The menstrual cycle, on the other hand, is peculiar to, and common to all families of, the Catarrhine division (old world apes and monkeys), so that it was probably developed since their divergence from the new world monkeys (eocene) and before their differentiation among themselves (late eocene and early oligocene). The sexual skin swelling, which makes the female especially attractive to the male at a certain point in her œstral cycle, is present in the Pongidæ (gorilla, chimpanzee, orang) and the old-world monkeys, but absent in gibbons and man. It would be interesting to learn whether anything that fulfils the same function exists in gibbons and has ever existed in our own family.

A further stimulating problem is suggested by the failure to detect any variation in intellectual capacity throughout the entire sub-order Pithocoidea (apes and monkeys). If man's intelligence is so unique, to what (? traumatic) factors is it due ?

Lastly there is Dr. Zuckerman's interesting suggestion that ' overt polygyny declined from the moment when primitive man became predominantly a hunting and food-sharing animal. . . . polygynous animals could not have gone hunting if in their absence their females were habitually

abducted by males not so fortunate in the possession of mates ' (p. 159). If so, our ancestors became omnivorous at the same time as they became comparatively monogynous, thus exchanging a plurality of wives for a plurality of foods.

Roger Money-Kyrle.

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The Werewolf. By Montague Summers. (Kegan Paul, Trench, Trubner & Co. Ltd., London, 1933. Pp. 307. Price 15*s.*)

This author faithfully continues his learned investigations into the particular mediæval superstitions dealt with in my book on ' The Nightmare '. Not that he appears ever to have heard of Psycho-analysis. His two books on Witchcraft and two on the Vampire are now followed by this volume on the Werewolf.

The Rev. Summers may very well be the only true survivor of the Middle Ages, for he appears to accept and believe literally all the extraordinary stories then current and which we nowadays classify as superstitious beliefs. Indeed, the passage of time and the flow of ideas signify little for him : for example, he quotes an author of 1854 as ' a recent authority ' on psychiatry. He has a childlike faith also in the value of information *qua* information, however irrelevant :

. . . ' a young girl named Marguerite Poirier, of the outlying hamlet of St. Paul, in the parish of Espérons, swore that in the full moon she had been attacked by a savage beast, much resembling a wolf. (Espérons is now known as Eugénie-les-Bains, owing to the visits of the Empress Eugénie to the warm sulphur baths here. This small spa has about 610 inhabitants.) The girl stated that one midday whilst she was watching cattle a wild beast with rufulous fur rushed from the thicket and tore her kirtle with its sharp teeth '.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ANNA FREUD, GENERAL SECRETARY

REPORTS OF PROCEEDINGS OF SOCIETIES

THE AMERICAN PSYCHO-ANALYTICAL ASSOCIATION

(A FEDERATION OF THE AMERICAN PSYCHO-ANALYTICAL SOCIETIES)

The thirty-first meeting of the American Psycho-Analytical Association was held at the Hotel Shoreham, Washington, D.C., on December 26 and 27, 1933. The Permanent President, Dr. A. A. Brill, presided at all sessions. The scientific programme was as follows :—

December 26, 1933 (afternoon). (1) Ross McClure Chapman, M.D. : ' A Memorial to Eleanora Bennett Saunders ' ; (2) Clara M. Thompson, M.D. : ' An Evaluation of Ferenczi's Relaxation Therapy ' ; (3) Karen Horney, M.D. : ' Feminine Masochism '.

December 26, 1933 (evening). Sándor Radó, M.D., Moderator : ' The Influence of Masturbation upon the Neuroses ' (Round Table Discussion).

December 27, 1933 (morning). Drs. Franz Alexander, Catherine Bacon and George W. Wilson : ' A Symposium on the Influence of Psychological Factors upon Gastro-Intestinal Disturbances '.

December 27, 1933 (afternoon). (1) Bernard Robbins, M.D. : ' A Note on the Significance of Infantile Nutritional Disturbances in the Development of Alcoholism '. (2) Hermann Nunberg, M.D. : ' The Feeling of Guilt '. (3) Edward Liss, M.D. : ' The Question of Play Techniques in Child Analysis '.

The American Psycho-Analytical Association having been incorporated, the Trustees met on the morning of December 26, at which time the Permanent President, Dr. A. A. Brill, and the Executive Councillors were elected Trustees, Directors, or Managers of the Corporation.

The Executive Council approved the qualifications of three additional names from the Boston area for the Charter Membership of the proposed Boston Psycho-Analytical Society. The following resolution was adopted :

> ' Resolved, That Drs. I. H. Coriat, Leolita Dalrymple, William Healey, Ives Hendrick, William J. Herman, Ralph Kaufman, Henry A. Murray Jr., John Murray, Martin W. Peck, and Irmarita Putnam be approved as Charter Members of the Boston Psycho-Analytical Society, and furthermore be it resolved, that the Boston Psycho-

Analytical Society be accepted as a Society federated in the American Psycho-Analytical Association pursuant to final approval by the next International Congress '.

Dr. Brill presented the credentials of Dr. Isador H. Coriat as the representative on the Executive Council from the Boston group. Inasmuch as certain difficulties were encountered in approving the membership status requirements in the Constitution of the new Boston group, a committee consisting of Drs. N. Lionel Blitzsten, Sándor Radó, Karen Horney, Abraham Kardiner, Harry Stack Sullivan, William V. Silverberg and Ernest E. Hadley, was appointed to draft uniform membership regulations for the American Societies, in conformance both to the standards of the International Psycho-Analytical Association and medical jurisdiction. The Committee having met and deliberated presented a resolution in the form of a proposed Article III entitled ' Membership ' as a fundamental (constitutional) guide for each local society. The Executive Council approved the resolution with certain modifications in terminology to it by the Chairman of the New York Training Committee.

Representation was made to the Executive Council that local interests were stimulating with increasing vigour the idea of establishing psycho-analytical institutes. Since these institutes assumed a certain identification with the psycho-analytical movement, it seemed advisable to promulgate a rule for the certification and establishment of such institutes. A committee consisting of Drs. Sándor Radó, Harry Stack Sullivan, Karen Horney, Abraham Kardiner, William V. Silverberg, and Ives Hendrick was appointed to draw up preliminary rules and regulations in regard of institutes for consideration by the Executive Council. The Committee having met and deliberated presented a resolution which provided for the recognition and licensure of psycho-analytical institutes approved by the Executive Council of the American Psycho-Analytical Association. This resolution was approved by the Executive Council.

Ernest E. Hadley,
Secretary-Treasurer.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 4, 1933. Dr. Melitta Schmideberg : ' The Nature and Origin of Eating Disturbances '.

October 18, 1933. Dr. Glover : Discussion of the Technique of Psycho-Analysis : Questionnaire Report.

November 1, 1933. Short Communications :

(1) Mrs. Klein : ' Psychological Sequelæ to an Operation in Childhood '.

(2) Dr. Glover: 'A Note on Idealization'.

(3) *Business Meeting. Election of Member and Associate Members:* Dr. Cohn and Frau Dr. Misch were transferred from the Berlin Society to the British Society as member and associate member respectively. Dr. Fuchs, Frau Dr. Maas, Frau Dr. P. Heimann, Dr. W. C. M. Scott were elected associate members.

November 15, 1933. Miss Searl: 'The Sexuality of Children (Part I)'.

December 6, 1933. Miss Searl: 'The Sexuality of Children (Part II)'.

Addresses of Members

Dr. Cohn, 45 Belsize Park, London, N.W.3.

Frau Dr. K. Misch, 34 Ridgmount Gardens, London, W.C.1.

Dr. Fuchs, 482 Finchley Road, London, N.W.3.

Frau Dr. Maas, 86 Greencroft Gardens, London, N.W.6.

Frau Dr. P. Heimann, 34 Ridgmount Gardens, London, W.C.1.

Dr. W. C. M. Scott, 19 Taviton Street, London, W.C.1.

First Quarter, 1934

January 17, 1934. Dr. Susan Isaacs: 'Anxiety in the First Year of Life: some recent behaviouristic studies'.

February 7, 1934. (1) Dr. Melitta Schmideberg: 'Reassurance as a means of Analytic Technique'.

(2) Dr. Glover: Summary of Questionnaire replies on Reassurance in Analytic Technique.

February 21, 1934. Dr. Misch: 'Some Investigations of Anxiety'.

March 7, 1934. (1) Miss Sharpe: 'Determining Factors in a Specific Sublimation'.

(2) Dr. Brierley: 'The Concept of Narcissism'.

(3) *Business Meeting. Election of Associate Member:* Dr. Donald W. Winnicott, 44 Queen Anne Street, London, W.1.

Edward Glover,
Scientific Secretary.
S. M. Payne,
Business Secretary.

CHICAGO PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 17, 1933. *Business Meeting:* Drs. Horney and Alexander were elected to active membership. Dr. Herbert Chamberlain and Professor Harold D. Lasswell were elected to non-therapeutic membership.

October 21, 1933. Dr. Leo Bartemeier: 'An interesting dream and its significance for the transference'.

November 4, 1933. (1) Dr. Helen V. McLean: 'The relation of instinctual to structural conflicts in a female patient'.

(2) Dr. N. Lionel Blitzsten : ' Neologisms and other deviations of speech and their psycho-analytic significance '.

November 18, 1933. (1) Dr. Catherine Bacon : ' Activity in women '.

(2) Dr. Alan D. Finlayson : ' Psycho-analytical aspects of a case of hematuria '.

December 16, 1933. Miss Helen Ross : ' The significance of transference in a girls' camp '.

Edwin R. Eisler,
Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

March 4, 1933 (previously omitted). Dr. F. P. Muller : ' A case of anxiety-hysteria '.

Third and Fourth Quarters, 1933

September 30, 1933. (The Hague.) *Business Meeting.* In consequence of a resolution, signed by ten members, relating to the actions of the President, J. H. W. van Ophuijsen resigned the office of President.

November 18, 1933. (1) *Business Meeting. Election of President :* Dr. S. J. R. de Monchy. On behalf of a Committee consisting of Dr. J. E. G. van Emden, Dr. H. G. van der Waals and Dr. A. J. Westerman Holstijn, the last-named reported on certain communications which had passed between the Society and a German psycho-analyst residing in Holland. The report shewed that a basis for co-operation would probably have been arrived at, had not J. H. W. van Ophuijsen and some other members resigned from the Society while the matter was under discussion.

Election of Associate Member : J. Tas.

(2) *Scientific Meeting.* Dr. A. J. Westerman Holstijn : ' Nonsense, Laughter and the Comic '.

A. Endtz,
Secretary.

Amsterdam Study Group of the Dutch Psycho-Analytical Society

(*a*) *Lectures*

The following courses of lectures were given in the autumn of 1933 at the University of Amsterdam, in Professor K. H. Bouman's lecture-room :

(1) Dr. J. H. van der Hoop : (*a*) Disturbances in Sexual Development (*b*) Abnormalities of Character.

(2) Professor Dr. H. C. Rümke : Dreams.

(3) Dr. H. G. van der Waals : (*a*) The Œdipus Complex. (*b*) The Castration Complex.

(4) Dr. A. J. Westerman Holstijn : (*a*) Wit in its Relation to the Unconscious and the Preconscious in Dreams and Neurosis. (*b*) Psycho-Analytical Points of View on Criminality, the Need for Punishment, etc.

(Average attendance : 60.)

(*b*) *Seminars*

(5) Dr. J. H. van der Hoop : Freud's Analyses of Neuroses.

(6) Dr. A. J. Westerman Holstijn : Beyond the Pleasure-Principle.

A. Endtz,
Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 17, 1933. Dr. R. Laforgue : ' Some Aspects of Resistance '.

Election of Associate Members : M. Chantrier and M. Schlumberger.

November 21, 1933. Dr. H. Staub : ' Analysis of Resistances and of Character '.

November 30, 1933. (1) *Business Meeting.* Programme of work for the Paris Psycho-Analytical Institute (137 Boulevard St. Germain, Paris (Ve)). Courses in theory will begin on January 15, 1934, and will be given by the following : Dr. R. Allendy, Mme. M. Bonaparte, Drs. A. Borel, M. Cénac, R. Laforgue, Leuba, R. Loewenstein, Mme. S. Morgenstern, Drs. S. Nacht, Ch. Odier, G. Parcheminey, P. Schiff and Mme. E. Sokolnicka.

The Eighth Congress of French Psycho-Analysts will take place on December 18 and 19, 1933, in Paris. It will be held at 1 Rue Cabaur, in the lecture theatre of the Clinic of the Faculty of Medicine for Mental Diseases.

(2) M. R. de Saussure and M. J. Piaget ; ' Points of Convergence and Divergence between Psycho-Analysis and the Genetic Psychology of Intelligence '.

First Quarter, 1934

January 17, 1934. Drs. Ch. Odier, R. Laforgue and R. Loewenstein : ' The Analysis of Resistances in the Analysis of Character '.

February 20, 1934. *Election of Officers for* 1934 : *President*, Dr. A. Borel ; *Vice-President*, Mme. Marie Bonaparte ; *Secretary*, Dr. J. Leuba ; *Treasurer*, M. Frois-Wittmann.

S. Nacht,
Secretary.

March 17, 1934. The meeting was devoted to the consideration of the following three points :

(1) The question of forming a union of professional psycho-analysts was discussed. The first object of such a union would be to unite in one body the members of the Psycho-Analytical Society and others approved by them. According to M. Ed. Pichon, the purpose of such a union would be, first, to protect non-medical members of the Society and, secondly, to

impose upon them certain obligations in relation to the medical profession.

In order that lay analysts might be spared dissension with the medical profession and practise psycho-analysis in peace, they would be under an obligation to have their patients medically examined. This examination would relieve lay analysts of responsibility in deciding whether or not an analysis were indicated.

An animated discussion followed this proposal. The lay analysts and those who must be reckoned as such, since they do not hold the State Medical Diploma of France, expressed their appreciation of the suggestion, which was in their interest. The principle that a professional union should be formed was unanimously approved.

(2) Such a union involves the re-modelling of the Society. This would be divided into two sections; the first, medical; the second, consisting of lay members and bearing the title of the Society of Psychological Studies. Their meetings would be held in common, but in the eyes of the medical profession, every safeguard would have been adopted by the medical section. The relation of the two sections to the Psycho-Analytical Society would be analogous to that of the section of medical to the lay legal experts in the societies of forensic medicine. The lines on which the change should be carried out have not as yet been decided upon, but there was only one dissentient when the proposal was put to the vote.

(3) There was a discussion on the necessity of appointing a Training Committee, whose duty it would be to examine candidates desirous of practising psycho-analysis, in respect of their natural aptitude and their University attainments, and to send each candidate, for his training analysis, to that member of the Society who seemed most suitable. This proposal also was carried unanimously. A committee was appointed to draw up regulations under these three headings.

An Extraordinary Meeting will be held in May to discuss and decide upon the Committee's proposals.

April 17, 1934. Mme. Lovtzky: 'Three cases of analysis with extremely obstinate resistances'. (This paper will appear in full in the *Revue de Psychanalyse*.) It gave rise to a very animated but somewhat rambling discussion on how far, in these three cases, which were treated with remarkable success, the transference was satisfactorily resolved. Members strayed off into questions of terminology relating to aggressiveness and sadism. It became apparent that it would be desirable to arrive at a precise definition and clear delimitation of the content of the two terms. (A detailed account of the discussion will also appear in the *Revue de Psychanalyse*.)

Dr. J. Leuba,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

September 19, 1933. Dr. Fenichel: 'Scoptophilia and Identification'.

September 26, 1933. (1) Dr. March (guest of the Society): 'The Psychopathology of the Helper'.

(2) *Business Meeting. Election of Associate Member:* Dr. Ewald Roellenbleck, Darmstadt.

October 3, 1933. Short Communications: (*a*) Dr. Jacobsohn: 'Mother-types and corresponding transference-resistances'.

(*b*) Dr. Liebeck-Kirschner: 'The problem of the expression of affect in behaviour'.

October 17, 1933. Reading of Dr. Graber's paper on the possessive instinct.

October 24, 1933. (1) Dr. Mette: 'The Psychology of the Cult of Dionysus'.

(2) *Business Meeting. Election of Associate Member:* Dr. Gerö, Copenhagen.

November 7, 1933. Short Communications: (*a*) Dr. Kemper: (i) 'A contribution to the psychogenesis of nightmare'; (ii) 'Remarks on Freud's paper "A special type of choice of object made by men"'; (iii) 'A mechanism resembling that of "signal"-anxiety'. (*b*) A short communication by Dr. Graber was read on 'The relations between the primal scene, play and fate'.

November 18, 1933 (afternoon meeting). Dr. Benedek: 'Certain Determining Factors in the Fixation of the Deuterophallic Phase'.

November 18, 1933 (evening meeting). *Annual General Meeting.* (Present: 15 members and 6 associate members.) Annual reports by the President, the Director of the Institute and the President of the Training Committee. Statements by the Treasurer and the Director of the Teaching Staff on the financial position of the Society and the Teaching Staff and on the Loan Fund. In his report the President shewed how greatly the change in the political situation had affected the Society, and referred specially to the fact that, in the last year, a number of members had left Germany.

Election to Membership: Dr. phil. G. H. Graber, Dr. med. Werner Kemper and Dr. med. Alexander Mette. *Election of the Council:* Eitingon proposed that the new Council should consist of Dr. Boehm and Dr. Müller-Braunschweig only, both of whom had served on the retiring Council. His proposal was unanimously adopted. Dr. Boehm took over the duties of the President of the German Psycho-Analytical Society and the direction of the Berlin Psycho-Analytical Institute, while Dr. Müller-Braunschweig continues to act as Treasurer and Director of the Teaching Staff, and

assumes, in addition, the duties of Secretary of the Society and President of the Training Committee. *Election of the Training Committee :* Boehm, Müller-Braunschweig and Frau Vowinckel were unanimously elected, and Schultz-Hencke and Frau Vowinckel were chosen to administer the Loan Fund and Kemper and Mette to act as auditors.

In assuming the office of President, Boehm referred in warm terms to the Society's great debt to those members of the Council who were retiring —Fenichel and Simmel—and, above all, to Eitingon, the founder and director of the Institute.

November 28, 1933. (1) Discussion : ' The problem of the influence of early environment in the formation of neurosis '.

(2) *Business Meeting. Resignations :* Dr. Max Eitingon and Dr. Klara Happel.

December 5, 1933. Frau Dr. Vowinckel : Review of Reich's *Charakteranalyse* (Part I).

December 12, 1933. (1) Dr. March : Review of Reich's *Charakteranalyse* (Part II).

(2) *Business Meeting. Election of Associate Member :* Dr. Hans March.

First Quarter, 1934

January 9, 1934. Dr. Jacobsohn : ' Specific Influence of the Castration-Trauma upon the Development of the Ego and the Super-Ego in Women '.

Business Meeting : The President announced that Dr. Eitingon had presented to the Institute the furniture and equipment of the premises. It was decided to address to him a letter of thanks.

January 23, 1934. Dr. Kamm (guest of the Society) : ' The Relation between Schizophrenia and Psycho-Analysis '.

February 6, 1934. (*a*) Dr. Boehm : ' A short survey of men's societies among primitive races '.

(*b*) Frau Ada Müller-Braunschweig : Review of Giant Caduff's : *Die Knabenschaften Graubündens*.

February 13, 1934. Frl. Gertrud Goebel : ' Difficulties in the treatment of a particular case '.

February 20, 1934. *Business Meeting. Election of Associate Member :* Dr. Bernd Kamm.

A general discussion took place on certain practical matters. It was decided that, in future, copies of all scientific papers and short communications should be kept by the Society, that minutes should be kept of the scientific meetings, and that a librarian should be appointed.

February 27, 1934. Dr. Bluhm (guest of the Society) : ' A Case of Exogenic Depression (neurosis of the parents and the fate of the children) '.

March 6, 1934. *Business Meeting. Election of Associate Member :* Dr. med. Kilian Bluhm.

Discussion of the Treasurer's proposal that a monthly contribution should be levied in order to free the Institute from its financial embarrassment.

March 13, 1934. (1) Dr. Kluge: ' Parallel Taboos in the Pentateuch '.

(2) *Business Meeting.* Members undertook to pay a monthly contribution in aid of the Institute. Such contributions to be paid until August 1, 1934, when the matter would be reconsidered.

March 27, 1934. (1) Short Communications: (*a*) Dr. Jacobsohn: ' An observation from animal life '.

(*b*) Dr. Boehm: Review of a book by Günther Tessmann: *Sexualität bei den Negern Kameruns.*

(2) *Business Meeting. Election of Associate Member:* Dr. Felix Schottländer, of the Vienna Psycho-Analytical Society.

Dr. Felix Boehm.

STUTTGART STUDY GROUP OF THE GERMAN PSYCHO-ANALYTICAL SOCIETY

In the winter of 1930–31, at my suggestion, a number of colleagues agreed to form a study group. Monthly meetings were held, at which papers on various psycho-analytical subjects were read and discussed. From the autumn of 1931 to that of 1932 (whilst I was in Berlin) the meetings ceased, but from that time on they have again been held regularly once a month. It was, however, decided (1) that only practising analysts should take part in them, and (2) that alternate meetings should be devoted to accounts of cases under current treatment and to the discussion of these.

Members of the Study Group: Dr. phil. Gustav Hans Graber, Stälinweg, 29; Dr. med. Hermann Gundert, Senior Physician in the Psychiatric Department of the Stuttgart Municipal Hospital, Obere Birkenwaldstrasse 170; Dr. med. Erwin Hirsch, neurologist (since April, 1933, in Jerusalem); Professor Dr. phil. Ernst Schneider (Chairman), Straussweg 31; Dr. phil. Felix Schottländer, Stuttgart-Degerloch, Löwenstrasse 123.

During the fourth quarter of 1932 I delivered a public evening course of introductory lectures on psycho-analysis. (For details of the course see the report in the *Zeitschrift für Psychoanalyse*, XIX, 284.)

In the first quarter of 1933 the members of the study group, at my suggestion, organized a course of public lectures on psycho-analytical subjects. (See this JOURNAL, XV, p. 110.)

Dr. Graber.

SOCIETY OF PSYCHO-ANALYSTS IN HOLLAND

Fourth Quarter, 1933

Arising out of the need for an organization in Holland, which should adhere in every respect to the written and unwritten aims of the International Psycho-Analytical Association, the following members of that

Association founded, on November 1, 1933, The Society of Psycho-Analysts in Holland: Frau C. M. Versteeg-Solleveld, K. Landauer, A. Watermann, J. van Emden, J. H. W. van Ophuijsen, P. H. Versteeg, M. Katan and A. M. Blok. The following were elected officers of the Society: *President*, J. H. W. van Ophuijsen; *Treasurer*, Frau C. M. Versteeg-Solleveld; *Secretary*, A. M. Blok. Their application for the new Society to be admitted as a Branch Society to the International Psycho-Analytical Association was provisionally allowed by the Central Executive, pending the General Meeting of the Association. Subsequently, Dr. H. G. van der Waals was admitted to membership and Dr. F. Perls and Dr. S. Weyl to associate membership.

The Society began its activities forthwith by holding weekly meetings. A seminar on technique was held fortnightly under the direction of Dr. Blok, while at the alternate meetings Dr. van Ophuijsen lectured on ' The Vicissitudes of the Œdipus Complex '.

First Quarter, 1934

Election to Membership: Dr. phil. Th. Reik, The Hague, Jul. van Stolberglaan 32.

Election of Associate Member: Dr. med. M. Levy Suhl, Amersfoort, Heinsiuslaan 17.

The weekly meetings were continued. Papers were read on ' The Vicissitudes of the Œdipus Complex ' by van Ophuijsen, Landauer and Reik. Dr. Blok reported further on the patient with whose case he had already dealt.

Dr. A. M. Blok,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 3, 1933. Memorial Meeting for Dr. Sándor Ferenczi. (*a*) Dr. Hollós: ' Dr. Sándor Ferenczi '. (*b*) Dr. Hermann: ' Introduction to Ferenczi's Studies on Trauma '. (*c*) From Ferenczi's unpublished works: ' Studies on Trauma '. (*d*) Dr. Bálint: ' Ferenczi the Physician '.

October 6, 1933. *Extraordinary General Meeting. Election of President:* Dr. Hollós.

October 20, 1933. Dr. Hermann: ' Primal Perceptions as a Source of Anxiety: (*a*) glittering eyes; (*b*) " internal rumblings " '.

November 3, 1933. Dr. Hollós: ' Extracts from the analysis of a case of agoraphobia '.

November 17, 1933. Clinical Communications: (*a*) Dr. Bálint: ' The psychology of menstruation '.

(*b*) Frau Bálint: (i) ' Notes from the analysis of a homosexual boy '; (ii) ' Erroneous observations of a delusional nature corrected in a dream '.

December 1, 1933. Frau Dr. K. Hann : Review of Reich's *Charakter-analyse.*

December 15, 1933. Dr. Révész : ' Data relating to the Psychology of Sadism '.

Change of Address : Frau Dr. Lilly G. Hajdu, Budapest IV. Váci u. 84.

First Quarter, 1934

January 19, 1934. (1) *General Meeting.*

Election of the Council and Officers : President and Director of the Policlinic, Dr. Hollós ; *Secretary and Chairman of Training Committee,* Dr. Hermann ; *Assistant Director of the Policlinic,* Dr. Bálint ; *Treasurer,* Dr. Pfeifer ; *Librarian,* Dr. Eisler ; *Assistant Librarian,* Dr. Almásy.

(2) Frau Dr. Hajdu : ' Notes from the Analysis of a Female Schizophrenic '.

February 9, 1934. Dr. Róheim : ' Clinical Notes on the Traumas of Childhood '.

February 23, 1934. Dr. Róheim : ' Clinical Notes on the Sense of Inferiority '.

March 3, 1934. Dr. Bibring (Vienna) : ' The Problem of the Change of Object in the course of Paranoia Persecutoria '.

March 16, 1934. Clinical Communications : (*a*) Dr. Révész : ' The meaning of giddiness '.

(*b*) Frau Lévy : ' Observations in Schools '.

Dr. Imre Hermann,
Secretary.

THE INDIAN PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1933

September 27, 1933 (Joint meeting of the Council and the Institute). Mr. M. V. Amrith, B.A., and Professor Uttam Singh Gheba, M.A., B.T., were approved as suitable candidates for psycho-analysis by the Institute.

It was resolved that the report adopted at the International Congress regarding the training of candidates be incorporated in the rules of Society.

November 26, 1933. *General Meeting.*

(1) Proceedings began with a resolution from the chair, with all the members present standing, regretting the irreparable loss to the science of psycho-analysis by the death of Dr. Sándor Ferenczi. It was further resolved that a copy of the resolution be sent to the bereaved family. (*N.B.—The Indian Journal of Psychology* published a notice of obituary in its last number for 1933.)

(2) On the recommendation of the Council and the Board of the Indian Psycho-Analytical Institute, the following amendments and additions to

the Society's rules were adopted : Rule 5 : Add after the last word—' No one shall be elected a member unless he has been psycho-analysed by a competent person recognized by the Indian Psycho-Analytical Society '.

Rule 10 : Add after the last word in a new paragraph : ' Members who do not pay their subscriptions for any year by the end of May, shall forfeit the rights of voting at meetings and of borrowing books from the Library till all dues have been paid '.

Rule 40 : Delete the existing paragraph in Rule 40 and insert the following in its stead : ' The candidate shall pay a fee of Rs.1,000 (£75 approximately in English money) for being psycho-analysed by the Institute. He may be permitted to pay the amount in instalments of Rs.100. The first instalment shall be paid before the beginning of analysis and subsequent ones at intervals of three months each. Non-payment of any instalment due shall result in the stoppage of the analysis. Foundation members are exempted from the payment of any fee for analysis. Besides the fee for analysis the candidate shall have to pay and arrange for Laboratory work in Psychology '.

Rule 43 : Add a new paragraph after the last word : ' The session of the Institute begins in July every year '.

Rule 44 : Add after the last word in a new paragraph : ' The Society shall maintain a roll of such of its members as are allowed to practise psycho-analysis, and shall forward the names of such analysts to the International Association for information. The name of a member shall appear on this roll only after he has satisfied the Board of the Indian Psycho-Analytical Institute that he possesses the necessary qualifications '.

December 6, 1933 (Joint meeting of the Council and the Institute) : Mr. Nirodaprosad Mukherji, B.Sc., Mr. K. L. Srimali, M.A., Mr. M. Samanta, M.Sc., Mr. Suhrid Chandra Sinha, M.Sc., and Dr. Bhupatibhusan Ghosh, M.Sc., M.B., were accepted as suitable candidates for psycho-analysis.

First Quarter, 1934

January 30, 1934. *The Twelfth Annual General Meeting.* Dr. G. Bose, the President of the Society, in the Chair.

(1) The Secretary, Mr. M. N. Banerji, read the Annual Report for 1933, which was adopted with slight additions, as follows :

Annual Report for the Year 1933. During the year under review the Society maintained the same number of members on the roll, the strength being 15. The roll of associates, however, stood at the figure of 15 as against 11 of the previous year, shewing an increase of 4 names.

The activity of the Institute is the most noticeable feature of the year. The Council and the Institute held several meetings to deal with the candidates for associate membership and training. There was an un-

precedented rush o applications for training in psycho-analysis in the Institute, and eight candidates were undergoing training during the year. These candidates were distributed to different analysts. The majority consisted of post-graduate students or Masters in Psychology ; only one had an additional qualification of being a Graduate in Medicine.

The finances of the Society are satisfactory. The fees for psycho-analysis amount to Rs.950.—including Rs.550. for the year under review. It may be possible for us in the near future to rent suitable rooms and engage a servant for the Institute. The Council fervently hopes to make a move in this direction at the earliest opportunity. For the stability of the Institute public donations will have to be collected.

(2) *Election of Council for* 1934. *President*, Dr. G. Bose ; *Members of the Council*, Mr. H. P. Maiti, Dr. S. C. Mitra. *Secretary*, Mr. M. N. Banerji. *Hon. Librarian*, Dr. S. C. Mitra, *Hon. Assistant Librarian*, Dr. M. Samanta. *Hon. Assistant Secretary*, Mr. S. Bose.

(3) *Election of Associate Members :* Dr. Surendra Chandra Laha, M.B., and Mr. Ramanimohan Mookerji, M.Sc.

Changes of Address

Members

Maiti, Mr. H. P. (M.A.), 1 Keybala Tank Lane, Calcutta (Member of the Council).

Associate Members

Bose, Mr. Sudhir Kumar (M.A., M.Sc.), 38/2B, Badurbagan Street, Calcutta.

Ganguly, Mr. Dwijendra Lal (M.Sc.), P. 126 Lake Road, Calcutta.

Ganguly, Mr. Mohan Lal (M.Sc., B.L.), 8/B Dover Lane, Calcutta.

Samanta, Mr. Manindra Nath (M.Sc.), 8c Ramanath Mazumdar Street, Calcutta.

Jalota, Mr. Shyam Swaroop (M.A.), 315 Shepherd Road, Maghaipura, Lahore.

PROGRESS OF PSYCHO-ANALYSIS IN INDIA

Interest in psycho-analysis went on steadily increasing. Academic and experimental psychologists in India have been feeling the insecurity of the foundation of the science of psychology bereft of the concept of the unconscious and the method of psycho-analysis is being recognized as a part of essential training in psychology. The University of Calcutta recognized Freudian teaching from the very foundation of the Department of Experimental Psychology ; recently the Universities of Dacca, Mysore and the Punjab have recognized psycho-analysis in their post-graduate course in Psychology. All these are to be traced to the activity of the Indian Psycho-analytical Society. Some of its members have been preaching the basic principles of psycho-analysis by their lectures and by

articles in journals. There has been a demand for training in psycho-analysis with a view to practise it as a profession, and the Institute had to alter its rules to make the training as thorough as possible. The training in psycho-analysis has only been possible because of the opportunities for a thorough training in theory in psycho-analysis being available in the Laboratory of Experimental Psychology. Psycho-analysis is being utilized at the present time to help the Mental Hygiene movement, the study of juvenile offenders and of mentally and educationally backward pupils. Parents, guardians and teachers seek the help of the psychological clinic run on psycho-analytical lines under Dr. G. Bose in the Department of Experimental Psychology in the University College of Science, Calcutta. The Indian Association for Mental Hygiene has also been popularizing the importance of psycho-analytical knowledge. The Health Exhibition held annually at the Indian Museum premises in Calcutta runs a Mental Hygiene section, managed by the Department of Experimental Psychology. Psycho-analytical concepts are illustrated in this section. Under the direct supervision of Dr. G. Bose, the President of the Society, a Psychological Clinic was opened by the Indian Association for Mental Hygiene, to treat out-patients, at the Carmichael Medical College Hospitals, Belgachia, Calcutta.

At the twentieth session (1933) of the Indian Science Congress held at Patna during the first week of January, Dr. G. Bose was elected President of the Section of Psychology, and chose psycho-analysis as the theme of his address. He also delivered public lectures there on ' The Mysteries of the Mind ', in Bengali, and on ' Conjugal Quarrels ', in English. These lectures were attended by over 2,000 people, and formed the subject-matter of comment and discussion by some of the Indian daily papers for over three months. Dr. S. C. Mitra in his public address delivered under the auspices of the Vangiya German Vidya-Samsad (Bengalee Society of German Culture) emphasized the importance of psycho-analysis and its increasing application. He also delivered a lecture at the Scottish Churches College on ' Modern Psychology ', pointing out the inevitable trend of psychology towards psycho-analysis. He delivered another lecture on ' Psychology and Literature ' at the Post-graduate Literary Society of the Calcutta University, explaining how psycho-analysis gives a real clue to the understanding of the problems both of literary creation and literary appreciation. Mr. M. N. Banerji read a paper before the Women's Educational Conference in Bengali on ' The difficult child and how to deal with it '. He also addressed the Serampore Health Exhibition Congregation and the Calcutta Jewish Club on ' Mental Hygiene ' from the psycho-analytical standpoint. Two articles have been published by him in the *Bharatvarsha* and the *Prabasi* in Bengali. *The Indian Journal of Psychology*, under the charge of Mr. M. N. Banerji, has published

several original articles on psycho-analysis during the year under review.

Dr. Sarasilal Sarkar has published two articles in the *Vichitra*. In one of these articles, entitled ' Religion *v.* Narcissism ', he explained Freud's views on narcissism. In the other article on ' Chaturanga ' he has given an explanation of the story from the psycho-analytical view-point. Prof. Rangin Haldar read a paper before the section of Psychology at the Indian Science Congress of 1933. The title of his paper was ' The working of an unconscious wish in the creation of plastic art '. He has studied some of the Indian sculptures in the light of psycho-analysis, and has found that the Lingam, Sadyojata Ardhanarisvara, Mahisasuramardini and other images represent the various aspects of the Œdipus situation. The head offering to the mother-goddess in South Indian sculptures represents the castration complex, an important factor in the Œdipus wish.

JAPAN

Report on Psycho-Analytic Activities in the Year 1933

During the year 1933 patients received for analysis at my analytical rooms in the city and at home numbered twenty-three, in addition to about an equal number of consultations. The numbers of analytic hours amounted in the aggregate to 1,431, an average of 63·2 sessions per person. Among the subjects of consultation were a good many cases of character anomalies of children and young people, whose parents were very much troubled on account of their young dependents' inclinations, and were anxious to find a way for their better guidance. Of the twenty-three patients treated there were seven obsessional neuroses, five borderland cases, namely, manic-depressive or early phases of schizophrenia, one manic-depressive whose chief content was a ' foster-parent's ' phantasy (but with little projection, therefore not paranoia), three anxiety-neuroses, one of whom shewed a trace of agoraphobia, another compulsive perspiration on the face, appearing after the symptoms of erythrophobia had disappeared, one conversion-hysteria (woman), one homosexual, and six character anomalies of youth. Eleven out of the twenty-three patients are still to continue analysis for the next year. As to the rest, four patients left without cure, as they interrupted analysis after a few sessions, others partly cured, two completely. A marked success is being achieved in the case of the manic-depressive with a ' foster-parent's ' content mentioned above, a young man of twenty-seven years of age, whose analysis including repetitive abreactions during the manic phase covered some 400 sessions. He is still to continue analysis for clearing the remaining symptoms, consisting chiefly of those of obsessional and anxiety attacks and guilt feeling.

Weekly Meetings

Regular weekly meetings are being held at the Railway Association building in the city (Wednesday evenings at 7) for the members and those outside the organization interested in psycho-analysis (attendance from fifteen to twenty). Freud's, Jones', Ferenczi's, and Abraham's works have been read and discussed. Papers have been occasionally read by some of the members, some of which were re-written in popular language and given to Sunday paper editors for publication. Another series of weekly meetings are also being held (Tuesday evenings at 7) at my home for a class of students comprising recipients of character-analysis and analysis to aid studies of psycho-analysis (attendance from ten to twenty).

Activities on the Part of Members

Besides the translation of Freud's works, which were done in conjunction with the literary men of the subsidiary group, and published by Shinyodo Publishing House of Tokyo, two works were published, one by K. Tsushima, M.D., under the title *Literature and Psycho-Analysis*, and the other by myself, entitled *Theory and Applications of Psycho-Analysis*, from the Wasewda University Press.

A Second Local Society

Students and graduates of the Medical College of the Tohoku Imperial University, Sendai, some nine hours' distance by rail, have, under the leadership of Professor Kiyoyasu Marui, been for a number of years past actively working for the advancement of psycho-analysis in Japan, by publishing results of their studies and researches and by public lectures. Communications were exchanged between Professor Marui and the writer, regarding Professor Marui's wishes to organize a local society in Sendai, to be affiliated with the International Psycho-Analytical Association. Professor Marui, who in the meantime has taken a European trip, has had personal interviews with Dr. Ernest Jones, London, with the result that the object mentioned above has been approved. I have already received from Dr. Jones suggestions and instructions relative to establishing of this new group as another local society in Japan, so that we shall soon have the pleasure of welcoming a new brother-society among us.

A Subsidiary Group

Another group of psycho-analytic students under the initiation of Messrs. K. Otsuki, S. Hasegawa and G. Matsui (now lamented), literary men and dramatists of note, had a successful jubilee commemoration of Professor Freud's seventy-seventh birthday, this age being observed according to Japanese custom as an auspicious turn of life. Included in the programme of the evening were a reproduction of the classical Œdipus Drama, translated from Greek and in Grecian costumes, and a Japanese

play embodying the same idea. The occasion was utilized for bringing out the initial number of a monthly magazine called *Psycho-Analysis*, which is now regularly published.

Yae-Kichi-Yabe.

THE NEW YORK PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 31, 1933. Dr. George E. Daniels was appointed by the President to act as Secretary, *pro. tem.* Dr. Bernard Glueck was elected Executive Councillor of the American Psycho-Analytical Association, and Dr. May E. Ginsburg and Dr. James H. Wall were admitted to Associate Membership in the Society. Dr. Adolph Stern reported the raising of a substantial sum through the donor system worked out by the Ways and Means Committee, of which he is Chairman. The Committee, in addition to aid with the current expenses of the Society and Institute, is attempting to raise sufficient funds for the establishment of a psycho-analytic clinic. In addition to raising money for the proposed clinic, Dr. Brill has appointed a special committee to consult with local officials and attempt to straighten out legal complications, a solution of which also calls for a certain delay in the realization of the Society's ambition. At this same meeting the President appointed a committee consisting of Drs. Kubie, Lewin, Meyer, and Radó to completely revise the constitution and by-laws. This committee has been at work, and its report will be presented at a special meeting of the Society in January.

Scientific Session. (1) Dr. H. Flanders Dunbar: 'Problems in a Case of Social Anxiety'. (2) Dr. James H. Wall: 'Notes on the Gastro-intestinal Function'.

November Meeting. (1) Dr. Margaret Fries: 'Play Technic in the Analysis of Young Children'. (2) Dr. Lillian Malcove was elected to Associate Membership.

The *December Meeting* was held in conjunction with the American Psycho-Analytical Association, at Washington, D.C., with a good representation from New York attending.

First Quarter, 1934

January, 1934. *Annual Meeting. Election of Officers: President*, Dr. A. A. Brill; *Vice-President*, Dr. Bertram D. Lewin; *Secretary*, Dr. George E. Daniels; *Treasurer*, Dr. Monroe A. Meyer.

Drs. Blumgart, Kubie and Stern were elected to the Board of Directors to serve with the *ex-officio* members, consisting of Drs. Brill, Lewin, Meyer, Daniels and Glueck. Drs. Feigenbaum, Kardiner, Kubie and Lewin were elected as members of the Educational Committee from a list of six names submitted by the President, bringing the total to the full seven members, with Drs. Brill, Radó and Meyer *ex-officio*. The President appointed a

committee of five members to confer with him over a revision of the indenture of the Psycho-Analytic Foundation, and two members of this Committee—Kubie and Oberndorf—were elected to serve as Committeemen for the Foundation until such revision has been completed.

Dr. Coriat has withdrawn his membership from the New York Society because of his affiliation with the new Boston Psycho-Analytical Society.

February 27, 1934. Dr. Meyer reported that in addition to paying its expenses up to January 31, 1934, the Society had paid its indebtedness of over $1000.00 to individual members, thus extinguishing both the internal and external debt.

Dr. Lewin read the Annual Report of the Educational Committee, which took office the middle of March, 1933. This Committee had one meeting with the New York County Medical Society relative to the problem of laymen in psycho-therapy. The Committee has made considerable progress toward arranging for single courses to be given by one teacher, rather than the parcelling out of a single course to several. The training courses this year have been of sophomore or junior grade, because of insufficient beginners to repeat the first-year courses. The Educational Committee has reviewed the training status of forty-five persons, thirty-one of whom were applicants for training. Of these, four were rejected as insufficiently trained; eight entered analytic training, seven in New York and one in Europe. The others are waiting to go on with their training, the financial reason being an important one in the delay of many. The question of a Loan Fund similar to those obtainable in Europe is under consideration. Each applicant for training is met by a subcommittee, consisting of the Chairman and two members. Decisions, however, are made by the Committee as a whole. Applicants already analysed by non-training analysts are sent for a preliminary review to a training analyst, with the understanding that they will follow his recommendations before starting control work.

March 27, 1934. The President delivered his annual address, outlining developments during the last three years, and stressing his repeated desire to lay down his burden of responsibility in both the New York Psycho-Analytic Society and the Federation; but pressure brought to bear from various quarters has compelled him to continue his leadership for a while longer.

Dr. Brill outlined future developments, and among the greatest needs he stressed the proposed clinic and the necessity of both moral and financial backing of this undertaking. He requested the full co-operation of members in his endeavour to advance and consolidate the activities of the Society.

Papers presented during this period were:

January 30. 'Hysteria in an Adolescent', by Dr. May E. Ginsburg.

February 27. ' Unconscious Motives of a Homicide ', by Dr. Isra T. Broadwin.

March 27. ' Primitive Egypt—an Anthropophagic Culture ', by Dr. Abraham Kardiner.

George E. Daniels,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Second, Third and Fourth Quarters, 1933

May 6, 1933. (1) Dr. med. G. Bally (Zürich, guest of the Society) : ' Biological Prerequisites of the Early Infantile Development of Personality '.

(2) *Business Meeting. Election to Membership :* Dir. Dr. Boss.

June 10, 1933. Dr. med. Barag (Littenhaid, guest of the Society) : ' Belief in a Future Life and Survival of Death '.

November 4, 1933. (1) Dr. med. Sarasin (Bâle) : ' Clinical Notes on Schizophrenia '.

(2) *Business Meeting.* Arrangements for the Congress : organization entrusted to the Council.

November 18, 1933. Dr. med. G. Bally (Zürich, guest of the Society) : opened a discussion of Reich's *Charakteranalyse.*

December 9, 1933. Dr. med. Flournoy (Geneva) : ' Hallucinations '.

First Quarter, 1934

January 20, 1934. Dr. med. Arth. Kielholz (of the Sanatorium at Königsfelden, Aargau) : ' Riddles and Marvels of Cure '. Taking as his starting-point the historic site of his own work, the old Roman city of Vindonissa, the speaker considered the mysterious and marvellous elements in the cures effected by thermal baths. Much that has long been obscure and inexplicable about these cures could now be explained in terms of psycho-analysis.

February 3, 1934. (1) Dr. med. Ernst Blum (Bern) : ' A Contribution to the Technique of Interpretation : notes from an analysis '. Description of the course of an analysis lasting for about a year and a half and not yet finished. The patient displayed a strong tendency to utilize her intellectual bent and her theoretical knowledge of psychology as resistances, especially to escape the exposure of pregenital complexes. This very instructive paper gave rise to prolonged discussion.

(2) *General Meeting.* The following resolution was recorded : ' The procedure for transferring a full member of the International Psycho-Analytical Association to the Swiss Society shall be the same as that adopted in admitting an associate member of the Society to full membership '.

The Annual Report, the Treasurer's statement, and the reports of the

seminars held and of the library were read and approved. The Council and the Training Committee having tendered their resignations, Dr. Christoffel took the Chair and both bodies were re-elected. Drs. Steiner and Schultz were appointed auditors of the Society's accounts for 1934. The annual contribution of members was raised to 10 francs (in view of the Congress). Owing to lack of time the discussion of a proposal of Dr. Steiner's to extend the work of training had to be postponed for a future Business Meeting.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1933

October 4, 1933. Dr. Edith Buxbaum : ' Lying '.

October 18, 1933. *General Meeting. Agenda :* (1) The Council's Report (Federn, Wälder). (2) Report of the Clinic (Hitschmann). (3) Report of the Training Committee (Frau Deutsch). (4) Report of the Advisory Centres (Aichhorn, Frau Sterba). (5) Treasurer's Report (Bibring). Decision of the Council with regard to the proposed curtailment of some of the Society's activities, the reduction of salaries and the substitutive contribution in lieu of work for the Clinic. The general subscription to remain fixed at Sch. 10 ; substitutive contribution now to be Sch. 20 a month. Dr. Lampl drew a comparison with the prevailing conditions in the Berlin Society. Dr. Federn thanked Dr. Bibring for the arduous work he had accomplished. (6) Report of the Auditors (Jekels, Steiner). (7) Report of the *Verlag* (Dr. Martin Freud). Dr. Federn thanked the Director of the *Verlag* for his most valuable work, and expressed the hope that it would prove possible to place the affairs of the *Verlag* on a sound basis. (8) Alteration in the Rules (increased powers of the Training Committee) : that in § 8, line 1, the words be inserted : ' two vice-presidents '. After Dr. Federn had explained the reasons for this proposal it was carried unanimously. On the motion of Dr. Jekels (President in virtue of seniority) the resignation of the Council was accepted by the meeting. (10) Election of the new Council and other officers. Nominations by the retiring Council accepted. *Council : President*, Professor Freud ; *Vice-Presidents*, Dr. Federn, Frl. Freud ; *Secretaries*, Dr. Jokl, Dr. Hartmann ; *Treasurer*, Dr. Bibring ; *Librarian*, Dr. Wälder. *Clinic : Chairman*, Dr. Hitschmann ; *Vice-Chairman*, Dr. Bibring ; *Treasurer*, Dr. Bergler. *Training Committee : Chairman*, Frau Dr. Deutsch ; *Vice-Chairman*, Dr. Jekels ; *Secretary*, Frl. Freud ; *Committee Members*, Aichhorn, Bibring, Federn, Hitschmann. *Child Guidance Centre : Director*, Aichhorn. (11) Membership subscription for 1934 fixed at Sch. 125. (12) Proposals by members : (*a*) Dr. Eidelberg : ' that every member shall receive a copy of the Rules '. After a short discussion it was decided that this should be

taken for granted ; (*b*) Dr. Eidelberg : ' that the officers of the Society be no longer elected *en bloc*, but that voting-papers be provided for the election of each individual by ballot '. After Dr. Eidelberg had explained the advantages of his proposal and it had been discussed at length, it was unanimously resolved that no alteration in the Rules was necessary, but that, in future, the officers of the Society should be elected individually by ballot at the General Business Meeting.

November 8, 1933. Dr. Ludwig Jekels and Dr. Edmund Bergler : ' Transference and Love '.

November 22, 1933. Dr. Paul Federn : ' The Awakening of the Ego in Dreams '.

December 6, 1933. Dr. Edmund Bergler and Dr. Ludwig Eidelberg : ' Depersonalization '.

December 20, 1933. (1) Mrs. Dorothy Burlingham : ' The Urge to Tell and the Compulsion to Confess '.

(2) *Business Meeting. Co-opted to the Council :* Dr. Siegfried Bernfeld, Wien VI, Amerlingstrasse 17. *Membership transferred.* With the approval of the President of the Association, Dr. Ernest Jones, the following were transferred from the Berlin to the Vienna Society : *Members :* Dr. Hans Lampl and Dr. Jeanne Lampl-de Groot, Wien XVIII, Sternwartestrasse 76 ; Dr. Theodor Reik, Wien XIX, Billrothstrasse 58 ; *Associate Member :* Berta Bornstein, Wien IX, Thurngasse 11. *Election to Membership :* Dr. Edith Buxbaum, Wien VII, Zieglergasse 57 (new address). *Election to Associate Membership :* Dr. Martin Freud, Wien I, Franz Josefskai 65 (office address : Wien I, Börsegasse 11, Psychoanalytischer Verlag) ; Dr. Margarete Schönberger, Wien VIII, Pfeilgasse 30 ; Dr. Max Schur, Wien VIII, Mölkergasse 5 ; Dr. Rosa Walk, Wien IV, Wohllebengasse 8. *Resignation of Member :* Dr. I. Sadger. *Change of Address :* Dr. Anny Angel, Wien I, Herrengasse 6 (Hockhaus), Staircase I, Floor 6, Door 34 ; Dr. Ernst Paul Hoffmann, Wien VI, Mariahilferstrasse 23–25 (entrance at Theobaldgasse 20).

The Psycho-Analytical Movement. With the changed political situation in Germany, the German Psycho-Analytical Society and the Berlin Psycho-Analytical Institute (Policlinic and Training Institute) came to an end. Most of the members left Germany. According to information received, these institutions (the German Psycho-Analytical Society, Berlin W. 62, Wichmannstrasse 10) resumed work in January, 1934, and lecture-courses for practitioners of psycho-analysis and for teachers are being given on approximately the same lines as before, the Institute having issued the new regulations for admission. The lectures are given and the seminars held by Felix Boehm, Werner Kemper, Ada and Carl Müller-Braunschweig, Eckard v. Sydow (guest of the Society) and Edith Vowinckel. A new Psycho-Analytical Society has been founded by five members of the Inter-

national Psycho-Analytical Association who are now in Palestine. They are as follows: Dr. M. Eitingon (Jerusalem), late President of the International Association, Dr. M. Wulff (Tel-Aviv), late President of the Russian Society, Dr. Ch. Smilinski (Tel-Aviv), Dr. Schalit (Haifa) and Dr. W. Kluge (Jerusalem). Dr. Eitingon is the leader of the group and Dr. A. Schalit is the Secretary. Its object is that of all the other Branch Societies of the International Association, namely, the promotion of psycho-analytical work in all its aspects. A Psycho-Analytical Institute and a Treatment Centre will shortly be opened in Jerusalem under the direction of Dr. Eitingon.

Dr. R. H. Jokl.
Secretary.

THE WASHINGTON-BALTIMORE PSYCHO-ANALYTICAL SOCIETY

April, 1933. Dr. Karen Horney (Chicago): 'A Frequent Disturbance of Female Love-life'.

May, 1933. Dr. Bernard S. Robbins: 'Clinical Material on the Relation of Delusion to Reality'.

October, 1933. Dr. Lewis B. Hill: (1) 'The Analysis of a Case of Hypertension'. (2) *Business Meeting.* The President announced the appointment of Dr. Ernest E. Hadley as Chairman of the Training Committee, to fill the vacancy created in that office by the removal of Dr. Silverberg to New York.

November, 1933. Dr. William V. Silverberg: 'Psycho-analysis and Moral Standards'.

December, 1933. (1) Dr. Harry Stack Sullivan: 'Notes towards the Dynamics of Transference'.

(2) *Business Meeting.* Dr. Marjorie Jarvis (Baltimore) was elected Associate. An amendment to the Constitution was adopted, creating a new membership status of Honorary Member of the Charter, in order that the transfer of a charter member to another city might not sever the connections of that member with the Society.

William V. Silberberg,
Secretary-Treasurer.

First Quarter, 1934

January 13, 1934. *Annual Meeting.* (1) Dr. Dorian Feigenbaum (New York, guest of the Society): 'Feminine Identification and Castration Fears'.

(2) *Business Meeting. Election of Officers: President*, Dr. Lucile Dooley; *Vice-President*, Dr. Philip Graven; *Secretary-Treasurer*, Bernard S. Robbins; *Council Member* (for three-year term), Dr. Lewis B. Hill. The Training Committee announced Mid-winter and Spring Courses.

February 10, 1934. (1) Dr. William V. Silverberg : ' Novel Methodologies in the Psycho-Analytic Study of Literature '.

(2) *Business Meeting.* Discussion of proposed amendments to Constitution and By-laws to conform with amended Constitution and By-laws of the American Psycho-Analytical Association.

March 10, 1934. (1) Dr. Clara M. Thompson : ' Choice of Analyst '.

(2) *Business Meeting.* Adoption of amendments to Constitution and By-laws. Confirmation by Society of students in training announced by Training Committee.

Bernard S. Robbins,
Secretary-Treasurer.